

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

HENRY S. ROGERS, M.D.....President
WILLIAM R. MOLONY, SR., M.D.....President-Elect
LOWELL S. GOIN, M.D.....Speaker
PHILIP K. GILMAN, M.D.....Council Chairman
GEORGE H. KRESS, M.D.....Secretary-Treasurer and Editor
JOHN HUNTON.....Executive Secretary

EDITORIAL BOARD

Chairman of the Board:

Russel V. Lee, Palo Alto.

Executive Committee:

Sumner Everingham, Oakland.
Russel V. Lee, Palo Alto.
Albert J. Scholl, Los Angeles.
George W. Walker, Fresno.

Anesthesiology:

Charles F. McCuskey, Glendale.
H. R. Hathaway, San Francisco.

Dermatology and Syphilology:

H. J. Templeton, Oakland.
William H. Goeckerman, Los Angeles.

Eye, Ear, Nose and Throat:

Frederick C. Cordes, San Francisco.
L. G. Hunnicutt, Pasadena.
George W. Walker, Fresno.

General Medicine:

Russel V. Lee, Palo Alto.
George H. Houck, Los Angeles.
Mast Wolfson, Monterey.

General Surgery (including Orthopedics):

Frederick C. Bost, San Francisco.
Clarence J. Berne, Los Angeles.
Sumner Everingham, Oakland.

Industrial Medicine and Surgery:

Richard O. Schofield, Sacramento.
John D. Gillis, Los Angeles.

Plastic Surgery:

George W. Pierce, San Francisco.
William S. Kiskadden, Los Angeles.

Neuropsychiatry:

John B. Doyle, Los Angeles.
Olga Bridgman, San Francisco.

Obstetrics and Gynecology:

Erle Henriksen, Los Angeles.
Daniel G. Morton, San Francisco.

Pediatrics:

William A. Reilly, San Francisco.
William W. Belford, San Diego.

Pathology and Bacteriology:

David A. Wood, San Francisco.
R. J. Pickard, San Diego.

Radiology:

R. R. Newell, San Francisco.
Henry J. Ullmann, Santa Barbara.

Urology:

Lewis Michelson, San Francisco.
Albert J. Scholl, Los Angeles.

Pharmacology:

Chauncey D. Leake, San Francisco.
Clinton H. Thienes, Los Angeles.

OFFICIAL BUSINESS

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Two Hundred and Ninety-Seventh (297th) Meeting of the Council of the California Medical Association*

Meeting was called to order in room 202 of the Sir Francis Drake Hotel at San Francisco, on Saturday, January 17, 1942, at 9:30 a. m., Chairman Philip K. Gilman, presiding.

1. Roll Call.

Present: Chairman Philip K. Gilman, and Councilors Henry S. Rogers, William R. Molony, Lowell S. Goin, E. Earl Moody, Dewey R. Powell, Sam J. McClendon, Edward B. Dewey, Louis A. Packard, Axcel E. Anderson, R. Stanley Kneeshaw, Frank R. Makinson, Frank A. MacDonald, Calvert L. Emmons, John W. Cline, John W. Green, and George H. Kress, Secretary-Treasurer.

Absent: Elbridge J. Best, Councilor-at-Large, now in Medical Corps of the U. S. Navy overseas; George D. Maner, now in the Medical Corps of the U. S. Navy at San Diego Naval Station; and Past President Harry H. Wilson.

Present by Invitation: Dwight H. Murray, Chairman of Committee on Public Policy and Legislation; J. B. Harris, Chairman of Advisory Committee on Public Policy and Legislation; Harold A. Fletcher, Chairman of C. M. A. Committee on Medical Preparedness; John Hunton, Executive Secretary; A. E. Larsen, Medical Director of California Physicians' Service; and Hartley F. Peart and Howard Hassard, Legal Counsel.

2. Minutes.

Minutes of the 296th meeting, held at Los Angeles on Sunday, October 26, 1941, were approved. (Abstract was printed in CALIFORNIA AND WESTERN MEDICINE, November, 1941, on page 255.)

3. Membership.

(a) A report on membership was submitted and placed on file. Total members who paid 1941 dues, 6,782; total number of new members in 1941 included in the above, 440; total number of members of year 1940 who have not paid 1941 dues to date, 263.

(b) A list of 23 active members whose 1941 dues had been paid subsequent to the last meeting of the Council, held on October 26, 1941, was submitted. Upon motion duly made and seconded, their active membership for the year 1941 was reestablished.

(c) Upon motions duly made and seconded, it was voted as follows:

(1) That the request of Frank P. McManus, to be transferred from the retired membership list of Yolo County to the active list in San Mateo County, be granted;

(2) That the request of A. B. Cooke, a member of the Los Angeles County Medical Association, for life membership under provision 4 of Article 4, Section 1 of the

† For complete roster of officers, see advertising pages 2, 4, and 6.

* Reports referred to in minutes are on file in the headquarters office of the Association.

C. M. A. constitution, be granted;

That the duly-accredited applications received from component county societies for retired membership be granted to the following: Eva L. Harris, Alameda County; Charles W. Yerxa, Los Angeles County; Marjory J. MacPherson Potter, San Diego County; and William Hale Potter, San Diego County.

(d) Regarding possible exemption from State Association dues for physicians who are entering or are already in military service, and who are applying for membership in a component county society, after discussion, the following resolution received approval:

Resolved: That there is hereby appropriated from the funds of the Association sums to pay the 1942 annual dues of those new members who have recently graduated from medical school and who have applied for a commission in Naval Reserve as Lieutenant J. G., or an army commission as First Lieutenant, and have been approved by a member of this Council; and be it further

Resolved: That the Treasurer is hereby instructed to draw on the General Fund when necessary to cover the appropriations herein made.

(e) Physicians attached to the Medical Corps of a foreign power are not exempt from State Association dues.

4. Financial.

(a) Financial reports, as submitted for the month of December and for the calendar year 1941, were accepted and placed on file.

Adjustments in the report form to be used, as submitted by Executive Secretary Hunton, were approved.

(b) A budget for the year 1943, which had been prepared by the Auditing Committee and considered by the Executive Committee, was submitted by the Executive Committee. It was agreed that the same should receive special consideration at the Council meeting in May, prior to submittal to the House of Delegates.

(c) In view of the difficulties and extra expense involved in transportation due to the existing war emergency, it was voted that actual transportation expense of officers on official business should be paid by the Association.

5. Committee on Needy Members.

(a) A report of the special Committee on Needy Members (A. E. Anderson, Chairman; Elizabeth Hohl, and Robert A. Peers) was presented by the committee chairman, Dr. Anderson. The same was considered, section by section, and, as accepted by the Council, reads as follows:

The Committee suggests the following set-up for investigation of prospective beneficiaries and a method for distribution of aid:

1. That the Benevolence Committee be authorized to pass on all applications for aid and include in their consideration applications from physicians and their dependents, who may not be members of the California Medical Association and who have not acquired citizenship in California, but whose previous American Medical membership and medical activities prove them worthy and order distribution of funds to this group for *emergency aid only*, after approval by the Council or Executive Committee.

2. That the funds available be distributed in proportion to the case load wherever found and recorded in the State, due care being taken that funds shall be distributed somewhat in proportion.

3. That in each and all counties of the State, a Physicians' Benevolence Committee be established, which should include the Secretary of the County Medical Society, for the purpose of investigating and reporting cases of need to the State Benevolence Committee.

4. It has been suggested that a less cumbersome and more descriptive name of this committee and fund be adopted. Since widows and dependent children of needy members may require aid, the "Aid to Needy Members" does not quite fit. The committee favors a change to "Physicians' Benevolence Committee," and that the Fund be known as "The Physicians' Benevolence Fund," and recommends that the Council adopt such change of names.

5. The Benevolence Fund shall be subject to an annual audit, showing sources of additions to the Fund and disbursements made, but omitting names of beneficiaries (except in confidential reports to the Council), and a report shall be rendered by the Committee to the House of Delegates. The Executive Secretary shall be instructed to maintain a file for all correspondence relative to the activities of the Committee and devise a proper system of accounting for the purposes of this Fund, and keep such file and record of accounting available to the Committee in charge of this Fund, and act as Secretary of this Committee and Fund.

6. That all moneys allocated from the general funds of the California Medical Association be divided into equal portions:

(a) One portion to be placed to the credit of the Physicians' Benevolence Fund in a commercial account on which checks would be issued by the C. M. A. Executive Secretary, upon receipt of vouchers properly executed by the Physicians' Benevolence Committee; and

(b) The second portion of equal amount, to be deposited in a savings account under the custodianship of the "Trustees of the California Medical Association," and to serve as a basis for a permanent endowment fund to be used for benevolence activities; provided, regarding moneys so allocated, should conditions indicate, the Council may request the "Trustees of the C. M. A." to transfer portions thereof to the account noted above under (a), and to be used for purposes designated in said commercial account.

On motion duly made and seconded, it was voted to adopt the report as modified.

6. Annual Session: Hotel Del Monte, May 4-7, 1942.

(a) The Committee on Scientific Work, through its Chairman, Dr. Kress, presented a progress report concerning programs for the General Sessions and the twelve Scientific Sections of the Association. Statement was made that the advent of war on December 7th had necessitated a change in plans. Section Officers and the C. M. A. Program Committee would meet in joint session on January 25th, at which time topics dealing with military medicine would be considered. Programs of the General Meetings and Scientific Sections would be changed along lines to be of more value in the existing emergencies.

The new meeting-room pavilion under erection by the Hotel Del Monte, at a cost of some \$40,000, was reported as going on to rapid completion.

(b) Executive Secretary Hunton stated that an estimated income of \$8,200 would be received through contracts for technical and commercial exhibits.

(c) Possibility of change of meeting-place due to military emergencies which might arise was considered. It was agreed that, under such conditions, the Executive Committee could meet and make recommendations for proper action to the Council.

7. Survey of C. M. A. Legal Department.

(a) A report of the special committee on Survey of the C. M. A. Legal Department (Doctors Philip K. Gilman, Henry S. Rogers, and Frank R. Makinson), was made by the committee chairman, Doctor Gilman.

A motion was made by Councilor Green, and seconded by Councilor McClendon, that the report be accepted and approved. In the discussion, Councilor MacDonald called attention to an action of the Council at its 203rd meeting, held on September 26, 1931, which prevented the legal counsel from considering matters not referred to him in regular form through the central office.

In a subsequent discussion the desirability of prompt replies from the legal counsel was pointed out.

The vote was called for, all voting in the affirmative, except Councilor MacDonald. It was agreed that the Council Secretary should send each member of the Council a copy of the report as submitted by the special committee.

Councilor MacDonald again called attention to Minute No. 6675, adopted by the Council at its 203rd meeting, held on September 26, 1931, which reads as follows:

"Discussion was had of requests for legal opinions received by the General Counsel from individual members of the Association. It was the sense of the Committee that the General Counsel is not to give opinions to any individual members of the Association; that all requests for legal opinions must be sent to the Secretary of the Association and that only with the approval of the President, or Secretary, or Chairman of the Council shall the General Counsel give such information."

After discussion, on motion duly made and seconded, it was voted to rescind this action, the vote being in the affirmative with the exception of Councilor MacDonald, who wished his vote recorded in the negative.

8. Reports of Special Committees.

(a) The Special Committee on Payments for Medical Services, authorized by the 1941 House of Delegates, through Resolution No. 12 (item 28 on page 145 of the September 1941 C. & W. M.), and consisting of Doctors John W. Green, Axel E. Anderson, E. Earl Moody, George D. Maner, and Elbridge J. Best, submitted a report through its chairman, Councilor Green.

In the report, it was stated "After reading the letters of Mr. Peart, legal counsel, which are appended, concerning lodge practice and proposed amendment to the C. M. A. by-laws, we have to report that no amendment will be suggested, Mr. Peart having informed us that such could not lawfully be done."

Upon motion duly made and seconded, it was voted that the report be accepted and the recommendations adopted.

(b) President Henry S. Rogers made a report of an informal conference, held by himself and Doctor Dwight Murray, Chairman of the Committee on Public Policy and Legislation, with Mr. Edward Vandeleur. The conference was held in an effort to learn what were the wishes of the California State Federation of Labor as regards the care of citizens coming under the provisions of the California Industrial Accident Law. Some of the past and existing evils, such as concern payment for professional services on the basis of percentage of premiums paid, deficiencies in clinical reports by full-time medical physicians employed by large industrial organizations, and rebates by physicians to insurance carriers, etc., were mentioned. Reference was also made to bills submitted by the California State Federation of Labor to the last California Legislature, and known as A.B. 1172, A.B. 1760, and S.B. 1034, and which were designed to combat certain evils claimed by the A. F. of L. to exist in the care of citizens suffering from industrial injuries or diseases.

After further discussion, upon motion by Councilor Rogers, seconded by Councilor Anderson, it was voted that the Council approve the basic principles involved in the said legislative measures.

(c) The Special Committee on Industrial Fee Schedules reported, through its chairman, Morton R. Gibbons,

that the existing fee table did not provide adequate compensation for professional services rendered.

It was pointed out that when the original fee table was adopted at the time the Industrial Accident Law came into operation, some twenty-five years ago, the California Medical Association acquiesced therein, with the understanding that the initial fee table was a minimum fee table designed for low costs in order to aid the Industrial Accident Commission and the California State Compensation Fund to inaugurate their work. During the many years that followed, large dividends have been made by the State Compensation Fund to premium holders, but practically no effort has been made by the State Fund or other insurance carriers to increase the compensation for physicians and surgeons.

It was pointed out that it was not desirable to engage in a controversy over individual items, but it would be a very proper action for the Council to approve a recommendation to the California Industrial Accident Commission that the compensation fee table for professional services rendered by physicians and surgeons be changed through a flat 25 per cent increase of the existing fee table.

Upon motion duly made and seconded, the Council voted that the 25 per cent increase in the fee table be approved, and that the necessary communications go forward to the proper State authorities.

(d) The Committee on Automobile Insignia for Physicians reported that the law enacted by the last Legislature, providing for such insignia, could not be carried through, because it is not possible for the makers of the insignia to secure metal for the manufacture of the same during the present emergency. The law referred to is A.B. 690, introduced through Resolution No. 24 of the 1940 meeting of the House of Delegates (June, 1940, C. & W. M., page 271).

(e) The Committee on Medical Services Rendered by Hospital Associations, through its Chairman, Doctor Gilman, made a report. Doctor Gilman presented his resignation as a member of the Committee, owing to lack of time incident to his full-time service in the U. S. Navy. His resignation was accepted with regret, and the Council Chairman was authorized to appoint a new Chairman of the Committee.

9. Report of the Legal Department.

The legal counsel, Mr. Peart and his associate, Mr. Hassard, submitted reports on some legal matters:

(a) The case of Joe Smith, M. D., Petitioner and Appellant, vs. Kern County Medical Association, et al, in L. A. No. 17,336, in the Supreme Court of the State of California: On January 12, 1942, the California Supreme Court reversed the judgment of the Fourth District Appellate Court, wherefore the previous judgment of the Superior Court in upholding the action of the Kern County Medical Association in expelling Joseph Smith was affirmed.

(b) New medical Defense Company to offer malpractice coverage in California. Mention was made of an insurance carrier offering medical or malpractice defense insurance, which has indicated its intention to offer malpractice coverage to California physicians. Discussion was had of the contract and of certain procedures to be followed.

(c) Mr. Peart reported on correspondence between one of the hospitalization organizations of California in relation to compensation procedure with physicians who give anesthetics. After discussion, the matter was referred to the Executive Committee for further consideration.

10. Committee on Public Health Education.

(a) The Committee on Public Health Education made a report through its chairman, Councilor Makinson.

Report was made on the status of the proposed Basic Science initiative. It was stated that a total of 80,000 names had been secured, but that a total of 212,117 names would be required to place the initiative on the November ballot. If 75 per cent of the names already secured are valid, then an additional 145,000 names will be required.

A conference was had with a representative of a company that makes a business of securing signatures for initiative petition, and the difficulties met with in this type of work were discussed. It was pointed out that the number of names that would be found invalid in any large number of petitions could not be accurately forecast, much depending upon the individual solicitors who secured the names. The cost of securing names by a commercial company would be about 10 cents per name when secured by the commercial solicitor. On the basis of names now in the files, it was estimated that an outlay of \$22,500 would be necessary if names were to be secured through a commercial company.

The Committee on Public Health Education, through Chairman Makinson, reported that it had allocated \$3 500 for the work thus far, but that its limited reserve funds would not permit it to take on additional work covering this activity.

On motion by Dr. Makinson, seconded by Dr. Kneeshaw, it was determined that a contract should be entered into with the commercial company concerned under the terms and conditions brought out in the discussion, that the contract should be prepared by the legal counsel, and that the entire work should be commenced as soon as possible after February 1st.

(b) Report was made concerning the health exhibits at county fairs, and Chairman Makinson expressed the hope that county societies would give full cooperation in this work during the coming year. It is gratifying to the Committee to know that the interest money of the Herzstein Bequest will be available for the county publicity work on public health exhibits and talks designed to combat quackery.

(c) Federal House Resolution 4545, now on the statute books as Public Law 137, was discussed in special relation to hospital arrangements in Los Angeles, Vallejo, and elsewhere. It was pointed out that the allocations to certain county hospitals did not seem best adapted to greatest needs when such institutions were located on crowded highways in areas far distant from the offices of attending staff members who give gratuitous services to the patients. The stipulation that federal grants-in-aid in connection with Public Law 137 would make it necessary for public hospitals to grant admission to part or full-pay patients also received comment.

In the discussion of types of hospital structures, Dr. A. E. Larsen, Medical Director of California Physicians' Service, referred to the experience of the Federal Agricultural Health and Workers' Corporation, which has been confronted with certain problems in Pinell County, in Arizona, where, during a brief period, there has been an influx of something like 15,000 agricultural workers. The hospital care at that place was solved through the erection of temporary hospital structures, with arrangements whereby the members of the county medical society would give service and the facilities would be generally available. In that county, a 60-bed hospital of such type was erected at a total cost of \$7,500. In the arrangement, the federal organization worked through the Arizona State and Pinell County Medical Societies.

On motion duly made and seconded, this entire subject was referred to the Executive Committee for further

study and action, the Council to be informed in regard thereto through mail vote, if necessary.

11. Medical Service by a Hospitalization Organization.

(a) Dr. A. E. Larsen, Secretary and Medical Director of California Physicians' Service, submitted a report on recent correspondence with one of the hospitalization groups in the northern section of the State, concerning the issuance of surgical indemnity policies by the said hospitalization group.

It was deemed necessary to come to some decision in the matter, because physicians in some of the counties were at a loss to know on how to proceed. After discussion it was moved, seconded and carried that California Physicians' Service be requested to proceed with any and all steps found necessary to offer hospital as well as medical coverage when it is found necessary to do so.

12. Medical Preparedness.

(a) The Chairman of the Committee on Medical Preparedness of the California Medical Association, Dr. Harold A. Fletcher, presented a report on activities to date. Reference was made to communications that had been forwarded to the component county societies relative to hospital field units, and other measures designed to meet medical emergencies that might arise in civilian districts.

The personnel set-up and work of the Subcommittee on Health of the Standing Committee on Health, Welfare and Consumer Interest, as outlined in the Senate Bill 227, which established the California State Council of Defense, was called to the attention of the Council. Note was made of the addition of two doctors of medicine to each of the northern and southern divisions of the Committee on Health. It was pointed out that George Baehr, M.D., Chief Medical Officer of the National Office of Civilian Defense, had interviewed Governor Olson, and that promise had been made that the request for proper supervisory medical and hospital personnel, with necessary clerical aid and appropriations for necessary medical supplies for emergency needs, would be granted from the Governor's Emergency Fund.

In the discussion, the subject of the California State Guard was referred to, and emphasis was placed upon the importance of having appointments of personnel in the medical department of the California State Guard measure up to the standards laid down by the United States Army.

(b) Dr. Dwight Murray, Chairman of the Committee on Public Policy and Legislation, gave a report of matters pending before the special session of the Legislature. Dr. Murray pointed out how desirable it was that members of the county medical societies should maintain cordial relationships with State Assemblymen and State Senators during vacation periods, and reminded the component county societies of the importance of the primary and final state elections to be held later this year.

13. Resignations and Appointments to Fill Vacancies.

(a) The resignation of Dr. George D. Maner, as Councilor for the Second District, term expiring in 1942, was presented. Dr. Maner is now in service as an Officer in the Medical Corps of the U. S. Navy, and is stationed at the U. S. Naval Training Station in San Diego. On motion duly made and seconded, it was voted to accept the resignation with regret.

Dr. Donald Cass, of Los Angeles, was nominated by Dr. Goin to fill the vacancy created by the resignation of Dr. Maner, and it was voted that the Secretary cast the ballot in favor of Dr. Donald Cass. Carried.

(b) The resignation of Dr. Elbridge J. Best, San Francisco, as Councilor-at-Large, term expiring in 1942, was presented. Dr. Best is now in active service as an Officer in the Medical Corps of the U. S. Navy, and is stationed overseas. On motion duly made and seconded, it was voted that the resignation of Dr. Best be accepted with regret.

Nominations being in order to fill the vacancy, Edwin L. Bruck of San Francisco County and Clarence A. DePuy of Alameda County were nominated. A ballot vote was cast, and Dr. Bruck was declared elected as Councilor-at-Large.

Dr. Best's resignation having created a vacancy as Vice-Chairman of the Council, Dr. Frank A. Makinson was nominated and, on motion duly made and seconded, the Secretary casting the ballot, was declared elected.

(c) The resignation of Dr. J. B. Harris of Sacramento, as a member of the Committee on Public Health Education, was presented and, on motion made and seconded, was accepted with regret. Upon motion, duly made and seconded, Dr. Dwight H. Murray of Napa was elected to fill the vacancy.

14. Annual Session Entertainment.

(a) Announcement was made that President Rogers had appointed Dr. J. B. Harris as Chairman of a Subcommittee on Entertainment for the annual session to be held May 4-7. On motion made and seconded, it was voted that a sum not to exceed \$700 be allocated for entertainment.

15. Rebate Problem.

Correspondence concerning a rebate problem, which had arisen in Los Angeles, was presented and, after discussion, placed on file.

16. Date and Place of Next Meeting of Council.

(a) Discussion was had concerning the date and place of the next meeting. It was agreed that the decision should be left to the Chairman of the Council or to the Executive Committee according to conditions which may arise.

17. Adjournment.

Upon motion duly made and seconded, it was voted to adjourn.

PHILIP K. GILMAN, *Chairman*
GEORGE H. KRESS, *Secretary*

Plan Draft For U. S. Medical Students

Washington, Jan. 10 (INS).—The army and navy today moved to draft virtually every available third and fourth year medical students in American colleges and universities.

Internes just completing training in hospitals also will be forced to "volunteer" for the armed services or face the possibility of being placed in class 1A, where they would be subject to immediate induction into the army.

May Get Commissions

If they apply for commissions, it was explained, they will be allowed to continue school or hospital training until they receive doctors' degrees. If they refuse, they probably will end up in the army as privates, providing they are physically fit.

After they receive their degrees, they will be given either commissions as second lieutenants in the army or as ensigns in the navy.

1,300 Needed

Both the army and navy need doctors, it was explained. Officials of the army medical department estimated that there is a deficiency of 1,300 medical reserve officers.

It was estimated that there are about 5,000 doctors given degrees every year, and the order would cover all of them. . . .

It was plainly indicated that senior medical students and internes must either apply for commissions or face the prospect of being immediately drafted.—San Francisco *Call-Bulletin*, January 10.

CALIFORNIA COMMITTEE ON MEDICAL PREPAREDNESS†

Charles A. Dukes, M. D., of Oakland, appointed Chairman of Advisory Committee (Federal Procurement and Assignment Service), for the Ninth Corps Area (California, Oregon, Washington, Montana, Idaho, Utah and Nevada).

(COPY)

Office for Emergency Management

OFFICE OF DEFENSE HEALTH AND WELFARE SERVICES

Washington, D. C.

January 17, 1942.

Dr. Charles A. Dukes,
426 17th Street,
Oakland, California.

Dear Doctor Dukes:

At a meeting in Washington, D. C., October 28, 1941, the Procurement and Assignment Service for all physicians, dentists and veterinarians of the country was organized under the auspices of the Office of Defense Health and Welfare Services. Approval of the establishment of this Service was made by the President on October 30, 1941, and the following members were appointed:

Dr. Frank H. Lahey, Chairman
Dr. Harvey B. Stone
Dr. James E. Paullin
Dr. Harold S. Diehl
Dr. C. Willard Camalier

It is planned to have an advisory committee in each Corps Area to assist this office in the carrying out of its functions. I should very much appreciate it if you would serve as Chairman of the Ninth Corps Area Committee.

As Chairman of this important committee you will be asked to coordinate the surveys in your Corps Area and to serve as liaison with the Corps Area Surgeon, Naval District Commandants, Office of Civilian Defense, Selective Service Directors, the Regional Directors of Defense Health and Welfare Services and other agencies requiring medical, dental or veterinary personnel during the national emergency. Your committee will have representatives of medical education and hospitals as well as assistance from widely known practitioners in medicine, dentistry and veterinary medicine in your corps area. The Executive Officer of the Procurement and Assignment Service will get in touch with you at an early date to assist in the formation of the committee and to outline its functions.

Please let me know at the earliest practicable date whether you can serve in this capacity.

I am enclosing a list of those who are being asked to serve on the Corps Area Committees throughout the country.

Sincerely,

(Signed) PAUL V. McNUTT, *Director,*
Federal Security Administrator.

Harold A. Fletcher, M.D., San Francisco, Is
Appointed Chairman of the California State
Committee for the U. S. Procurement and
Assignment Service

† Harold A. Fletcher, M. D., 490 Post Street, San Francisco, is the chairman of the California Committee on Medical Preparedness. Charles A. Dukes, M. D., 426 Seventeenth Street, Oakland, is a member of the American Medical Association Committee on Medical Preparedness. Roster of county chairmen on Medical Preparedness appeared in CALIFORNIA AND WESTERN MEDICINE, August, 1940, on page 86.

(COPY)

January 27, 1942.

Mr. Paul V. McNutt, Director,
Office for Emergency Management,
Office of Health and Welfare Service,
Washington, D. C.
Dear Mr. McNutt:

Your letter of January 22, 1942 asking me to serve as Chairman of the California State Committee of the Procurement and Assignment Service for physicians, dentists, and veterinarians, was received.

I will be very happy to accept the chairmanship of this committee.

I am starting at once to organize the county sub-committees, and where necessary, local committees in the larger communities to carry on this work. As Chairman of the California Medical Association Committee on Medical Preparedness, I may state that we have already done a good deal of preliminary work along these lines, and we shall be able and glad to cooperate in every possible way.

I will await further instructions as to details of procedures.

Yours very truly,

HAROLD A. FLETCHER, M. D.

* * *

The letter to the President and Secretary of each of the Component County Medical Societies is as follows:

(COPY)

Dear Doctors:

I have just been appointed Chairman of the State Committee of the Procurement and Assignment Service for all physicians, which was organized under the auspices of the Office of Defense Health and Welfare Service in Washington, D. C.

It is essential that each County Medical Society have its own Committee of Procurement and Assignment Service to carry out the work of this Service under the direction of the State Committee and the Ninth Corps Area Committee.

I would appreciate it if you will appoint such a committee on your County Medical Society and send me the names and addresses of the Chairmen and members. The work of this committee will be very important, and able men should be appointed to it, men who can size up and determine the medical needs of their localities so that proper allocations of medical personnel during the emergency can be wisely and fairly made. Please let me know at the earliest practical date the names of the men appointed.

Later, it is highly probably that where there are several large communities in one county, sub-committees under the direction of the County Committee will have to be organized.

It is to be remembered that the Procurement and Assignment Service is a Federal government organization, and will have the problem of assignment of all physicians, whether members of County Medical Societies or not.

I will appreciate your cooperation in this.

Sincerely,

(Signed) HAROLD A. FLETCHER, M. D.

"Army Traveling Board" Schedule

February schedules for physical examinations of draft registrants call for the examination of 13,709 men at 15 examining centers in California. These examinations are to be made under the new system of the U. S. Army Recruiting Service, which calls for the cooperation of local

physicians in the formation of teams. The teams are headed by two Army physicians, one Army dentist and a staff of clerical assistants. County medical societies in cities which traveling Army boards will visit were prompt in meeting the need of physicians in January and have been called upon to make similar arrangements for February.

The examination schedule for February, showing the dates of examinations and the number of men to be handled each day, is as follows:

City	Dates	Daily Quota
Redding	Feb. 2-4	100
Marysville	Feb. 6-7	105
Sacramento	Feb. 9-13	110
Stockton	Feb. 3-6	100
Fresno	Feb. 9-13	115
Bakersfield	Feb. 18-21	105
Santa Barbara	Feb. 24-25	137
San Jose	Feb. 2-7	111
Santa Rosa	Feb. 10-11	91
Eureka	Feb. 14	96
San Diego	Feb. 2-6	130
San Bernardino	Feb. 10-13	100

In Long Beach, 120 men daily will be examined on nine days, February 18-21 and February 24-28. In Los Angeles, 300 men daily will be handled in the periods February 2-6, February 9-13, February 18-20, and February 24-27. In San Francisco, 165 examinations daily will be given on the same schedule of days as in Los Angeles.

Letters Concerning Army and Navy Requirements— Re: Membership in County Medical Societies

The following letters are printed, since they clarify certain qualifications under recent discussion.

(LETTER I—COPY)

San Francisco, January 2, 1942.

Charles A. Dukes, M. D.,

Member A. M. A. Committee on Medical Preparedness,
Oakland, California.

Dear Doctor Dukes:

Today Captain Philip K. Gilman (U. S. Navy) telephoned and told me of some presumable complications that had arisen in connection with interns serving in hospitals in the Bay region. . . .

In discussions with one or two other colleagues, I learned that they were under the impression that eligibility for a commission in the Medical Corps required membership in a component county medical society.

I am writing to inquire whether such requirement has ever been promulgated by either the Surgeon General of the Army or the Surgeon General of the Navy. May I ask you to obtain this information as promptly as possible?

We desire to aid all physicians who have received the degree of doctor of medicine from accredited medical schools and who are serving internships in accredited hospitals so that when such physicians are called into service, they may promptly go into the Medical Corps of either the Army or Navy, and with officer commission ranking. . . .

On January 18th, we shall have the annual joint meeting of State Association and County Medical Society Officers in San Francisco. The above and other matters related to Medical Preparedness may come up for consideration.

Thanking you for your help in this,

Cordially yours,

(Signed) GEORGE H. KRESS, M. D.,
Secretary-Editor.

GHK/h

(LETTER II—COPY)

U. S. DEPARTMENT OF THE NAVY
Bureau of Medicine and Surgery
Washington, D. C.

January 6, 1942.

Dear Doctor Dukes:

I wish to acknowledge receipt of your letter of January 2, with enclosure, (letter from George H. Kress, M. D., Secretary-Editor, California Medical Association).

With reference to interns serving in hospitals in the Bay region who have been inducted into military service and who would presumably be obligated to serve in the line, instead of in the Medical Corps, this bureau is not cognizant of such procedure. The appointment of medical officers in the Navy and Naval Reserve is on a volunteer basis and they are not inducted into the service.

Candidates for appointment in the Medical Corps of the Naval Reserve in the rank of Lieutenant (jg), are not required to be members of a medical society. However, before such Lieutenants (jg) may be considered eligible for promotion to the next higher rank, they must submit evidence of membership in a state or local medical society. Lieutenant (jg) is the highest rank in which interns may be appointed in the Medical Corps of the Navy or Naval Reserve.

There is enclosed a circular of information pertaining to appointments in the Naval Reserve. I wish to invite your attention to pages 8 and 15 of this circular.

Should you desire further information regarding matters pertaining to the Medical Corps of the Naval Reserve, Captain E. U. Reed, (MC), U. S. Navy, District Medical Officer and Medical Aide to the Commandant, Twelfth Naval District, 1095 Market Street, San Francisco, California, will be pleased to advise you in this regard.

With kind regards,

Sincerely yours,
ROSS T. MCINTIRE,
*Rear Admiral, (MC),
Surgeon General, U. S. Navy.*
W. J. C. AGNEW (Signed)
W. J. C. AGNEW,
By direction.

Charles A. Dukes, M. D.,
426 Seventeenth Street,
Oakland, California.

(LETTER III—COPY)

In reply refer to S.G.O. 327.02-1

WAR DEPARTMENT
Office of the Surgeon General
Washington

January 5, 1942.

Dr. Charles A. Dukes,
426 17th Street,
Oakland, California.
My dear Dr. Dukes:

This will acknowledge your letter of January 2nd in which you inclose a letter from Dr. George H. Kress relative to the induction of interns. This communication is returned herewith.

Any intern who does not have a commission and is inducted may serve in any branch of the service as an enlisted man. In order to obtain a commission an intern does not need to be a member of any society. He must be an American citizen, a graduate of a recognized medical school and before being called to active duty must complete a year's internship. There is no reason why all physically qualified interns cannot secure a commission

immediately upon graduation. Those who have neglected to do so may now be drafted.

A doctor cannot wait until he is drafted to apply for a commission. Once he is drafted he is sent to camp and it will be some time before he can be issued a commission.

Very truly yours,
JAS. C. MAGEE (Signed),
James C. Magee
*Major General, U. S. Army.
The Surgeon General.*

1 Incl.

U. S. Navy—Re: Pre-Medical and Medical Students (COPY)

January 27, 1942.

To the Editor:—Enclosed are two copies of a notice of opportunity for appointments as Ensigns in Class H-V(P), United States Naval Reserve to pre-medical and medical students. Any publicity which you could give this in your journal would be appreciated.

Very sincerely,
ROSS T. MCINTIRE,
*Rear Admiral, (MC)
Surgeon General, U. S. Navy.*

To PRE-MEDICAL AND MEDICAL STUDENTS Opportunity for Appointments as Ensigns in Class H-V(P) in the United States Naval Reserve

The Secretary of the Navy recently approved a change in Navy regulations whereby it is now possible for those pre-medical students who have been accepted for entrance to, and all medical students in Class "A" medical colleges, to be appointed in the United States Naval Reserve in Class H-V(P), provided they meet the physical and other requirements for such appointment.

Students who are acceptable will be given provisional commissions as Ensigns, and it is the policy of the Bureau of Medicine and Surgery not to nominate such officers for active duty until after they have completed their prescribed medical studies and shall have served one year's satisfactory internship in a civilian hospital accredited for interne training, or shall have been accepted as Acting Assistant Surgeon in the Navy for interne training.

Upon graduation, and when the bureau has been informed of this fact by the Dean, commissions as Lieutenant (junior grade) MC-V(G), USNR, will be issued to provisional Ensigns and, after serving their internship in non-naval hospitals, they will be nominated for active duty. Application for, or acceptance of either a provisional or permanent commission in the Naval Reserve, does not preclude the possibility of applying for a commission in the Medical Corps of the regular Navy. Persons affiliated with the Naval Reserve are not subject to induction into Army service by action of local Selective Service Boards.

Navy regulations require that all applications for appointments in the Naval Reserve be filed with the Commandant of the Naval District in which the applicant resides. The address of the Commandant of your district may be obtained from the Dean of your college.

Application forms may be obtained from the Dean's office or from someone designated by him, upon request from the Bureau of Medicine and Surgery, Navy Department, Washington, D. C., or from the Commandant of your Naval District. When your application form has been properly completed, it, together with the other credentials indicated on the application form, should be mailed to the Commandant of your Naval District. He will instruct you relative to obtaining a physical examination, finger prints, etc.

In the case of a pre-medical student, it is necessary to enclose with your application for appointment a statement, signed by the Dean of a medical college, to the effect you have been accepted as a first year medical student in a Class "A" school for the next entering class.

It is the understanding of the Bureau of Medicine and Surgery that Selective Service Boards will accept a statement from the Commandant of your Naval District to the effect that your application is on file, as basis for deferment until your application has received final action.

RECOMMENDATIONS TO ALL PHYSICIANS*

With Reference to the National Emergency

I. Medical Students.

A. All students holding letters of acceptance from the Dean for admission to medical colleges and freshmen and sophomores of good academic standing in medical colleges should present letters or have letters presented for them by their deans to their local boards of the Selective Service System. This step is necessary in order to be considered for deferment in Class II-A as a medical student. If local boards classify such students in Class I-A, they should immediately notify their deans and if necessary exercise their rights of appeal to the Board of Appeals. If, after exhausting such rights of appeal, further consideration is necessary, request for further appeal may be made to the State Director and if necessary to the National Director of the Selective Service System. These officers have the power to take appeals to the President.

B. Those junior and senior students who are disqualified physically for commissions are to be recommended for deferment to local boards by their deans. These students should enroll with the Procurement and Assignment Service for other assignment.

C. All junior and senior students in good standing in medical schools, who have not done so, should apply immediately for commission in the Army or the Navy. This commission is in the grade of Second Lieutenant, Medical Administrative Corps of the Army of the United States, or Ensign H.V. (P) of the United States Navy Reserve, the choice as to Army or Navy being entirely voluntary. Applications for commission in the Army should be made to the Corps Area Surgeon of the Corps Area in which the applicant resides and applications for commission in the Navy should be made to the Commandant of the Naval District in which the applicant resides. Medical R.O.T.C. students should continue as before with a view of obtaining commissions as First Lieutenants, Medical Corps, upon graduation. Students who hold commissions, while the commissions are in force, come under the jurisdiction of the Army and Navy authorities and are not subject to induction under the Selective Service Act. The Army and Navy authorities will defer calling these officers to active duty until they have completed their medical education and at least 12 months of internship.

II. Recent Graduates.

Upon successful completion of the medical college course, every individual holding commission as a Second Lieutenant, Medical Administrative Corps, Army of the United States, should make immediate application to the Adjutant General, United States Army, Washington, D. C., for appointment as First Lieutenant, Medical Corps, Army of the United States. Every individual holding commission as Ensign H.V. (P), U. S. Navy Reserve, should make immediate application to the Commandant of his Naval District for commission as Lieutenant (J.G.) Medical Corps Reserve, U. S. Navy. If appointment is desired in the grade of Lieutenant, (J.G.) in the regular Medical Corps of the U. S. Navy, application should be made to the Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

III. Twelve Months Interns.

All interns should apply for a commission as First Lieutenant, Medical Corps, Army of the United States, or as Lieutenant (J.G.), United States Navy or Navy Reserve. Upon completion of 12 months internship, except in rare instances where the necessity of continuation as a member of the staff or as a resident can be defended by the institution, all who are physically fit may be required to enter military service. Those commissioned

may then expect to enter military service in their professional capacity; as medical officers; those who failed to apply for commission are liable for military service under the Selective Service Acts.

IV. Hospital Staff Members.

Interns with more than 12 months of internship, assistant residents, fellows, residents, junior staff members, and staff members under the age of 45, fall within the provisions of the Selective Service Acts which provide that all men between the ages of 20 and 45 are liable for military service. All such men holding Army commissions are subject to call at any time and only *temporary deferment* is possible, upon approval of the application made by the institution to the Adjutant General of the United States Army certifying that the individual is temporarily indispensable. All such men holding Naval Reserve commissions are subject to call at any time at the discretion of the Secretary of the Navy. Temporary deferments may be granted only upon approval of applications made to the Surgeon General of the Navy.

All men in this category who do not hold commissions should enroll with the Procurement and Assignment Service. The Procurement and Assignment Service under the Executive Order of the President is charged with the proper distribution of medical personnel for military, governmental, industrial, and civil agencies of the entire country. All those so enrolled whose services have not been established as essential in their present capacities will be certified as available to the Army, Navy, governmental, industrial, or civil agencies requiring their services for the duration of the war.

V. All Physicians Under Forty-five.

All male physicians in this category are liable for military service and those who do not hold commissions are subject to induction under the Selective Service Acts. In order that their services may be utilized in a professional capacity as medical officers, they should be made available for service when needed. Wherever possible, their present positions in civil life should be filled or provisions made for filling their positions, by those who are (a) over 45, (b) physicians under 45 who are physically disqualified for military service, (c) women physicians, and (d) instructors and those engaged in research who do not possess an M.D. degree whose utilization would make available a physician for military service.

Every physician in this age group will be asked to enroll at an early date with the Procurement and Assignment Service. He will be certified for a position commensurate with his professional training and experience as requisitions are placed with the Procurement and Assignment Service by military, governmental, industrial or civil agencies requiring the assistance of those who must be dislocated for the duration of the national emergency.

VI. All Physicians Over Forty-five.

All physicians over 45 will be asked to enroll with the Procurement and Assignment Service at an early date. Those who are essential in their present capacities will be retained and those who are available for assignment to military, governmental, industrial or civil agencies may be asked by the Procurement and Assignment Service to serve those Agencies.

The maximal age for original appointment in the Army of the United States is 55. The maximal age for original appointment in the Naval Reserve is 50 years of age.

Address for Inquiries.

All inquiries concerning the Procurement and Assignment Service should be sent to the Executive Officer, 601 Pennsylvania Ave., Washington, D. C. and not to individual members of the Directing Board or of committees thereof.

* See also J. A. M. A., Feb. 21, page 365.

"Designated Physicians" of Local Selective Service Boards

(A letter from the California State Selective Service)
(COPY)

STATE OF CALIFORNIA
Director of Selective Service
Plaza Building, Sacramento

February 5, 1942.

Dear Doctor Kress:

You have unquestionably noted that Part 661 of Selective Service Regulations was completely published in the recent *Journal of the American Medical Association*. Should the doctors of California understand that this program is effective immediately within this State, it is likely that many will take the action indicated therein and apply for positions as Designated Physicians in the Selective Service.

In order to spare the Doctors many unnecessary communications, we would appreciate it if you would publish in the next issue of your *Journal* that this plan will not become effective in California for some time to come. A memorandum sent to all Local Boards under date of February 3, 1942, tells of the present status of the Rehabilitation Program. The memorandum follows:

"Re: Part 661 (Rehabilitation Program).

"Part 661 (S.S. Reg.) which has been publicized and which you might receive shortly, pertains to the Rehabilitation Program.

"Amongst other instructions therein, methods are outlined for the appointment of "Designated" Physicians, Dentists, and facilities—and—instructions also state what procedure is to be followed by the Local Board if a Physician or Dentist who has not been designated, makes request to be designated (directly), or if his name is presented by a registrant for possible designation.

"Be advised that this program of rehabilitation will be conducted by pilot tests in Maryland and Virginia before the program is undertaken on a nation-wide basis. Therefore, no action upon this program is to be anticipated for some time, in California.

"We do know, however, that practically every Doctor in California has received Part 661 (S.S. Reg.)—recently published in a National medical magazine. With such information at hand, it is likely that many will immediately make application to be "designated." We ask that each Local Board advise their Examiners that no Doctors will be designated for this program for some time, and that no applications should be made at this time."

We have received information from National Headquarters which indicates that no Doctor who has served so well in the Selective Service as an Examining Physician will be left from the list of "Designated" Physicians. From this communication, it is apparent that there will be three sources from which designated Physicians will come. One group will be a list of those named by the National Director of Selective Service. Another will include all Physicians and Dentists of Local Boards and Members of Medical Advisory Boards approved by the State Director; and the third group will consist of Physicians and Dentists later added when named by registrants, or who make direct application—provided a thorough investigation as to the applicant's professional and ethical standing in the community, indicates that he is qualified to serve as a "Designated" Physician or Dentist.

FOR CULBERT L. OLSON, GOVERNOR.
(Signed) J. O. DONOVAN,
State Director of Selective Service.

Office of Civilian Defense

On January 15, 1942, it was announced that President Roosevelt had appointed Dr. George Baehr, Chief Medical Officer of the Office of Civilian Defense, to be a member of the Health and Medical Committee of the Office of Defense Health and Welfare Services. Dr.

Irvin Abell, Louisville, Kentucky, chairman of the Committee on Medical Preparedness of the American Medical Association, is chairman of the Health and Medical Committee and other members are the Surgeon General of the U. S. Army, Major General James C. Magee; the Surgeon General of the U. S. Navy, Rear Admiral Ross T. McIntire; the Surgeon General of the U. S. Public Health Service, Dr. Thomas Parran, and the chairman of the Division of Medical Sciences, National Research Council, Dr. Lewis W. Weed, Baltimore. The Office of Defense Health and Welfare Services is a part of the Office for Emergency Management which in turn is part of the Executive Office of the President. The director of the ODHWS is Paul V. McNutt, who is also Federal Security Administrator.

Procurement and Assignment Service Bulletin*

We are sending you this bulletin in order that you may have most recent information in regard to the Procurement and Assignment Service, and the situation as it pertains to all physicians, dentists, and veterinarians:

(1) You may anticipate a rapid expansion of the armed service and a corresponding acceleration in the demands for medical, dental, and veterinarians personnel to meet these rapidly growing needs;

(2) 15,000-20,000 physicians, dentists and veterinarians have offered their services to date, and their enrollment forms are now being processed, i.e., being checked against the files of the National Roster punch card system made available to this office by the American Medical, Dental and Veterinary Medical Associations and other organizations, and further checked in the office of the Procurement and Assignment Service;

(3) Within ten days, the first notifications of those men who are cleared at the Roster office and the Procurement and Assignment Service as meeting the requisitions made by the armed services will be ready for transmission;

(4) Lists of such men who have volunteered from each State are being sent to the State Procurement and Assignment Chairmen for immediate check, in order that only those available may be asked at this time to forward application forms for commission in the Army or the Navy. These forms will be sent to these men individually;

(5) In general, every man under 36 who is physically fit should volunteer for active service in the Army or the Navy, if he is now or can be made available. The most urgent need is for men under 36; however, many specialists up to 45 will be needed at once. The Procurement and Assignment Service expects that the present needs of the armed services for medical personnel will be filled by those under 45. Other age groups will be held in readiness to fill requisitions when their services are desired.

(6) Corps Area Chairmen will be called to Washington, Friday, January 30th, to be informed of the complete plans of organization and the method by which the Procurement and Assignment Service will function down to the most remote county. Following this conference, meetings will then be held by the Corps Area Chairmen with the members of the Corps Area committees and all their State chairmen for physicians, dentists, and veterinarians respectively. Within a few weeks, every physician, dentist, and veterinarian of the nation will receive an enrollment form from the office of the Procurement and Assignment Service. On this form all will be asked to volunteer for service in military, governmental, industrial, or civil agencies requiring their services for

* Editor's Note:—This Bulletin was received on February 2, 1942. See also J. A. M. A., Feb. 21, on page 365.

the duration of the war. Each will be asked to designate a first, second, third, and fourth choice of the many agencies requiring assistance;

(7) A pamphlet of information is being prepared by the Committee on Information and will be ready for distribution at an early date, copies of which will be available upon request to this office;

(8) Bulletins will be issued from time to time to all committees, State society secretaries, and national and state journal editors, in order that the entire profession may be kept up to date;

(9) Hundreds of letters from physicians are coming to this office asking questions in regard to the Procurement and Assignment Service. We, here, have attempted to answer these letters quickly and adequately in spite of temporary impediments incident to the establishment of a complete office. These have tended to slow us up but now that the organization is in the process of completion we hope to be able to keep you informed;

(10) At an early date the physical standards for commissions in military and governmental agencies will be published in order that by self-analysis, physicians, dentists and veterinarians may determine their ability to meet the requirements for commissions.

(11) Attached is a copy of a recent release which will be of additional help.

(12) A formal acknowledgment is being made to the thousands of volunteer enrollments as rapidly as possible. We hope in the future to answer correspondence in a more formal and personal manner. Rather than to delay, however, we find it expedient to answer your communication of recent date with this form letter. Kindly accept it as a personal message intended to keep you informed. If you, or any other physician, dentist, or veterinarian in your state, have any further questions, we suggest that the majority of these will be answered in the national and state journals. If your questions are unanswered, kindly communicate with the Washington office.

Accept the thanks of the Directing Board for your interest and coöperation.

For the Directing Board:

SAM F. SEELEY, M. D.,

Executive Officer,

Procurement and Assignment Service.

Hints on Gas from Bombs*

1. *Probability of injury from bombs vastly less than from autos: 4,226 killed or injured in auto accidents in San Francisco in 1940!!*

2. Most likely bombs to be used against us, by saboteurs or planes, are incendiaries and demolition.

3. *Gas is least effective of any weapon, unless we're afraid and panicky in advance. Masks essential for military and decontamination squads; masks give no protection to skin. Poison gas penetrates clothing.*

INCENDIARIES:

(1) *Thermite*; white sizzling flame, smother with dry sand or dirt, spray water around edges.

(2) *Oil*; yellow smokey flame, smother with sand or dirt.

(3) *Phosphorus cards*; yellow flame, smother with dirt or water.

Watch specially for forest fires in summer; carry spade and ax when motoring.

DEMOLITION:

Hug ground; get in ditch; get in shelter; effective splinter and blast range, 20-30 feet for 100-pounder; 80-100 feet for 500-pounder; 150 feet for 1,000-pounder.

* From the Department of Pharmacology, University of California Medical School.

GAS:

(1) *Smoke and hot air from incendiaries* may irritate eyes, nose, throat, lungs; keep out of range.

(2) "*Blast*" from *demolition* may rip off clothes, break ear drums and cause bleeding from nose, mouth, lungs. "*Flash*" from demolition bombs may cause severe skin burns.

(3) "*Nitrous fumes*" from demolition are heavy, brown, acrid, burny, may cause tears, sneezing, injury to eyes, nose, mouth and lungs; get out of range.

(4) *Poison gas* may have garlicky smarting odor (easily detected well in advance of what may injure; little effect from few minutes' exposure to what is detectable by smell), clings to ground, penetrates clothes, spreads slowly, scattered and destroyed by wind and moisture; get out of range, go indoors, upstairs; if contact suspected, report to emergency first aid station.

FIRST AID HINTS IN CASE OF GAS:

Wash eyes, ears, nose, mouth, with $\frac{1}{2}$ teaspoon salt and $\frac{1}{4}$ teaspoon baking soda (sodium bicarbonate) in glass of water; remove clothing, using leather gloves; put clothes and gloves in can for decontamination squad; wash body with soap and water or lime water; evacuate to hospital for observation and symptomatic treatment.

Appointments of Interns in Army Hospitals

Under a provision contained in an act (Public Law No. 139) making appropriations for the military establishment for the fiscal year ending June 30, 1942, customarily referred to as the Army appropriation bill, the employment in Army hospitals "of interns who are graduates of or have successfully completed at least four years' professional training in reputable schools of medicine or osteopathy at not to exceed \$720 per annum" was authorized. The appointments contemplated by this provision have been made from the following schools, the figures in parentheses indicating the number of students selected from each school. No appointment was made from an osteopathic school.

FIRST APPOINTMENTS

Baylor University (1)
George Washington University (1)
Georgetown University (2)
Indiana University (5)
Jefferson Medical College (2)
Louisiana State University (1)
Marquette University (1)
Medical College of Virginia (1)
Ohio State University (1)
Rush Medical College (1)
St. Louis University (2)
University of Buffalo (1)
University of Colorado (1)
University of Georgia (1)
University of Maryland (1)
University of Minnesota (2)
University of Oregon (1)
University of Pennsylvania (1)
University of Texas (4)
University of Vermont (3)
University of Virginia (2)
Vanderbilt University (1)

ALTERNATES

George Washington University (2)
Georgetown University (1)
Hahnemann Medical College (1)
Indiana University (1)
Louisiana State University (3)
Ohio State University (1)
St. Louis University (1)
Syracuse University (1)
Tulane University (1)
University of Buffalo (1)
University of Georgia (1)
University of Minnesota (1)
University of Oregon (1)
University of Southern California (1)

Additional Funds for Hospitals, Health Centers and Clinics in Federal Defense Areas

Reference was made in FLB-11 to the fact that the original appropriation of \$150,000,000 to construct community facilities in defense areas, including hospitals, health centers and clinics, had been about exhausted and that Representative Lanham of Texas had introduced a bill to authorize an additional \$150,000,000 for similar purposes. Congressional action has now been completed on this legislation and the sum authorized has been included in a supplemental appropriation bill, H.J. Res. 258, which was signed by the President December 23. (Public Law No. 371.)

This new appropriation may be used for the same purposes for which the original appropriation was used, namely, the construction of public works in defense areas, the term "public work" being defined to mean any facility necessary for carrying on community life substantially expanded by the national defense program, including schools, waterworks, sewers, sewage, garbage and refuse disposal facilities, public sanitary facilities, works for the treatment and purification of water, hospitals and other places for the care of the sick, recreational facilities, and streets and access roads.

Whenever the President finds that in any area or locality an acute shortage of public works or equipment for public works necessary to the health, safety, or welfare of persons engaged in national defense activities exists or impends which would impede national defense activities, and that such public works or equipment cannot otherwise be provided, the Federal Works Administrator will be authorized, with the approval of the President, to relieve that shortage. The Administrator will be authorized either to construct, maintain and operate such public works or to make loans or grants to public and private agencies for the construction and maintenance of the public works. The term "private agency" is defined to mean any private agency no part of the net earnings of which inures to the benefit of any private shareholder or individual.

The law specifically provides that no department or agency of the United States shall exercise any supervision or control over any hospital or other place for the care of the sick, which is not owned and operated by the United States, with respect to which any funds have been or may be expended under the law, nor may any term or condition of any agreement relating thereto, or any lease, grant, loan or contribution made to or on behalf of any such hospital or place prescribe or affect its administration, personnel, or operation.

In FLB-11, reference was made to a number of projects that had been approved for construction. Since then two memoranda releases from the Federal Works Agency have announced additional projects that have received Presidential approval for construction under the original act. The following four projects* mentioned in these releases contemplate the construction of hospital facilities and health centers:

CALIFORNIA

Los Angeles.—This project calls for the purchase of 700 beds and other equipment for the Los Angeles County General Hospital. Space for this equipment is available but now unused. Due to the influx of defense workers and drates an emergency need has arisen for additional medical, surgical and maternity hospital beds for defense workers and their families. The applicant is the County of Los Angeles, and the project will be financed by a federal grant of \$194,000. (Release No. 336, FWA, December 23, 1941.)

* Note. Reference to four projects refers to institutions located in other states.

Military Clippings.—Some news items of a military nature from the daily press follow:

War's Demands May Create Shortage in Physicians (By Associated Press)

Chicago, Dec. 27.—The wartime demand for doctors is so great, and the supply so limited, that the nation soon may be near the bottom of the bucket, Dr. Morris Fishbein declared tonight.

The editor of the *Journal of the American Medical Association* in a prepared address before the Association of Medical Students, cited figures and said:

"From this it should be apparent that with the medical profession we are even closer to scraping the bottom of the bucket which holds the available supply than with any other occupation, trade or profession."

Dr. Fishbein added, however, that because of years of preparation the medical profession "is now able to assure the people of our country a continuity of medical education, medical service for the people and medical care for our armed forces such as never could have been supplied" without such planning.

Need Many More

He estimated about 13,000 physicians were in the army and an additional 7,000 would be required for each million men assigned to service.

Fishbein estimated that in the United States there were about 180,000 licensed doctors. Each year about 3,500 die and about 5,000 new doctors come from the 76 class A medical schools.

There are 58,667 physicians in the United States over 55 years of age and at least 18,000 of the 180,000 licensed physicians are beyond the age for military service. It may be taken for granted, Fishbein said, that at least one-half of the remainder are not physically fit to meet the standards for commission in the army or navy and two-thirds of the remainder would be engaged in occupations and appointments so necessary to civilian life or otherwise would be so situated that they could not be spared for military service.—*San Bernardino Sun*, December 28.

State Guard Bill Signed By Olson

Examiner Bureau, Sacramento, Jan. 31.—Governor Olson today signed the State Guard reorganization bill passed by the special session of the legislature. . . .

The measure was introduced by a panel of twelve Senators, headed by Senator Ed Fletcher of San Diego. It divides the guard into an active and reserve force.

Reservists will total 19,320 enlisted men, while the active units may not exceed 9,366.

However, further restrictions provide that not more than 7,000 of the active mobile force may be called up for duty at any one time. Only in case of actual invasion may the entire guard be called up for active duty.

The Fletcher measure appropriates \$8,000,000.

Governor Olson asked an appropriation of \$17,500,000. . . .

The Fletcher measure was finally passed by the legislature on January 22 after the lower house had turned down similar legislation four times in a row. . . . —*San Francisco Examiner*, February 1.

11,000 Men to 9th Corps Area

(By United Press)

Maj. Gen. J. L. Benedict, commanding general of the Ninth Corps Area, announced today that 11,000 men in the seven states of the area will be called to active duty not later than Feb. 1.

States in the area are California, Washington, Oregon, Montana, Idaho, Utah and Nevada.

The call to active service will apply to enlisted men of the Regular Army Reserve, the enlisted Reserve Corps and the National Guard. Deferment will be granted men necessary to maintain the national health, safety or interest, and key men essential to national defense.—*San Francisco News*, January 5.

Medical Victory at Pearl Harbor

Washington, Jan. 14.—Pearl Harbor was a sweeping victory for the new sulfa drugs and our soldiers who fight disease and repair human bodies.

The Army Medical Corps was alert, ready, and it scored the world's greatest success in any war in the fight against battle wounds, infections and death.

The story can now be told. It is detailed in a report made to the Army's Surgeon Gen. James C. Magee, by Dr. Perrin Long, of Johns Hopkins Medical School, the man responsible for introducing the sulfa drugs into America.

In the Army hospitals there, the doctors saw badly wounded men who looked and felt well. They were "amazed" at what they saw. Men who by all past standards should have died were recovering, eager to get back in the fight. There was absence of

pus in the men's wounds, mildness of post-operative reactions, and swift, clean healing of wounds.

Sulfa drugs plus good organization that gave the wounded prompt attention performed this wonder.

Even among men whose wounds had been contaminated with the fertilizer-dirty soil of Hickam and Wheeler Fields and who had not had their wounds cleaned out by debridement for 24 hours, not a single massive infection was found 10 days later.

Infection, which in World War I killed 80 per cent of the men with abdominal wounds alone, hardly occurred in Hawaii. Compound fractures of bones and injury of the flesh, for instance, showed that less than 4 per cent such injuries became infected.

Not a single loss of arm or leg was necessary because of infection. The only amputations reported were those made by shell splinters or other missiles.

Credit for this remarkable record is shared by the sulfa drugs and the efficient preparations of far-sighted Colonel Edgar L. King, surgeon-in-charge of the Army's medical forces in Hawaii.

In the spring of 1941, when most people thought Hawaii safe and such extensive preparations foolish, Colonel King organized all civilian, Navy and Army medical forces to meet possible disaster.

When the attack started, the first medical man on the line was a young doctor who, as medical officer of the day, had gone out on Hickam Field at 7 o'clock on that fateful Sunday morning. Armed with a Flit gun, and accompanied by the crash ambulance, he was on routine duty to meet and disinfect a flight of U. S. bombers expected from the mainland. He noted a flight of planes coming in, and then the bombs dropped. He and the rest of the Medical Corps were ready. All Hickam Field's own ambulances were immediately "broken out." From Schofield Barracks and from Tripler, the Army's big base hospital, came more ambulances. From Honolulu came the milk and laundry trucks which had already been prepared for instant conversion into ambulances.

The sergeant in charge of medical supplies, when the first bomb fell at 7 a.m., threw open the great warehouse and loaded materials at once onto all his trucks, without waiting for a call for them.

At Hickam Field, Colonel Frank Lane, surgeon-in-charge, immediately set up an efficient evacuation system with 12 ambulances so that the badly shocked among the wounded got first attention and those with a chance to live were not kept lying in the field while the ambulances were filled with men who would be dead before they reached the hospital, as might have happened under a less careful evacuation system.

When the wounded men arrived, their wounds were first debrided, that is, every bit of dead or dying flesh that could give food for germs was cut away. Then sulfanilamide was dusted into the wounds, 68 grams (more than two ounces) at a time. Then each man was given sulfathiazole by mouth, as a further aid in stopping invading germs before they could do any damage. That morning when the first alarm sounded, 14 pounds of sulfa drugs were brought up from the basement of the Tripler Hospital, in readiness for the doctors.

There was no shortage of supplies. Blood plasma banks had been prepared in advance. On Dec. 4, Colonel King had withdrawn 58,000 surgical dressings from the warehouses and put them into the storehouses of the hospitals.

The medical epic of Pearl Harbor ends with two letters, just received by General Magee from General DeWitt and Colonel Emerson, of the Army's Letterman Hospital in San Francisco, where the first contingent of wounded from Hawaii have arrived.

All the men were in excellent shape on arrival, testimonial to the excellent treatment they had received. Colonel Emerson emphasized the high morale and cheerfulness of these wounded men, concluding:

"They are in the best condition of any war casualties I have ever observed."—San Francisco News, January 14.

Army Increases Induction Ratio

Washington, Jan. 9 (AP).—Officials disclosed today that induction into the army were being stepped up to double or triple the peacetime rate, and indications were that the immediate goal was a hard-hitting land force of four million men.

The army is accelerating the induction of present registrants, which include about 1,000,000 already classified as IA, without waiting to draw from the 9,000,000 men between 20 and 44 inclusive who are expected to register February 16.

Size Unlimited

No limit has been set on the wartime size of the army to be sent to Britain and anywhere else the high command may deem advisable. Secretary Stimson says the number to be drawn from the 8,000,000 to 10,000,000 available fit men will be determined by the needs as they arise.

Present strength has been placed at around 1,700,000 officers and men, and plans already under way would increase this to 2,000,000. Appropriations have been made to provide complete equipment for another million and critical equipment for a fourth million.

Draft Rate Doubled

Although the War Department has issued orders against publication of draft calls and quotas for each area, officials made no secret of the fact that the draft rate was being doubled and might soon be trebled, if such has not already been ordered.

Revised figures on the number of draftees to be put in uniform this month and next month from the present pool of registrants will not be announced, but before the United States formally entered the war the combined January-February total had been set at 192,000.

Of the 17,500,000 men between 21 and 36 already registered, about 900,000 now are in active service. Selective service officials estimated another 2,000,000 or 3,000,000 could be obtained, if necessary, without dipping into the new February 16 registrants. —San Francisco Call Bulletin, January 9.

Hospital Bed Grant Approved

President Roosevelt yesterday approved a Federal Works Agency grant of \$580,500 to General Hospital to cover maintenance costs on 700 beds made available on a recent appropriation of \$194,000, it was announced yesterday by A. H. Campion, assistant county manager.

The county originally asked for \$1,160,000 to maintain the beds which were granted on the basis of emergency use as an additional defense public works project, Campion said.

"This money is part of a recent Congressional allocation to the Defense Public Works Agency for health and welfare activities among defense workers and their families," he added, "and it is primarily for emergency use."—Los Angeles Times, January 17.

We Are at War!

Major John G. Slevin writes:

Even before war was declared the Army was short 2,000 medical officers! For every additional million men called to the colors the Army will need 8,000 more medical officers, not counting replacements. . . .

Will American medicine fail to heed our Nation's call? The answer rests with the members of our profession.

The Army needs doctors. Not just the 2,000 that would do last month, but very soon now eight or ten or even more times that number.

The Army will get doctors—somehow. Let us hope it will be by the traditional method of American medicine, by volunteers.

So that there can be no question as to who is eligible to apply for a commission, may I ask you to publicize the following information:

To be eligible for a commission, physicians must be between the ages of 21 and 35; American citizens; graduates of Class 'A' medical schools; licensed to practice medicine in a state or territory of the United States; actually engaged in the ethical practice of medicine and able to pass the required physical examination.

All commissions at present are granted in the Army of the United States for the duration of the War, in the original grade of First Lieutenant. No provision has as yet been made to commission certified specialists in grades above that of First Lieutenant.

The salary of First Lieutenants (including allowances for quarters and subsistence) is \$224.67 per month for single men and \$262.67 per month for married men. . . .

Interns, including fifth year medical students who are interning, should apply for commissions now. The War Department has stated that interns will be allowed to finish twelve months of internship prior to being called to active duty. However, no deferment will be granted to those who hold hospital residencies."

Although the recent regulations will take only physicians under thirty-five, many changes in these regulations are certain to be made. . . .

Doctors Wanted

"The medical profession . . . [is] closer to scraping the bottom of the bucket . . . than any other occupation, trade or profession." So warned Dr. Morris Fishbein, editor of the *Journal of the American Medical Association*.

In the U. S. today are 180,000 doctors; 50,000 of them are available for Army, Navy, Public Health Service. Now serving in the Army are 13,000 doctors. When the force is expanded to 4,000,000, it will need 19,000 more.

In 1940 the American Medical Association sent questionnaires to all U. S. doctors to determine their aptitudes for 82 types of civilian and military work. Last fall President Roosevelt established a Procurement and Assignment Service which will make use of this information.

Other emergency measures:

Internships, which formerly lasted two years, will be lowered to one.

Most medical schools will squeeze their four years into three.—*Chicago Times*, January 12.

U. S. to Need Doctors

Atlantic City, N. J. (A.P.)—A prediction that every acceptable physician in the United States under 45 years old would be called to military service if the war lasted two years was made last night by Dr. Morris Fishbein, editor of the *Journal of the American Medical Association*.—*Sacramento Union*, January 17.

Registration of Men 20-44 Set Feb. 16

Washington, Jan. 5. (A.P.)—Officials estimated tonight that 1,300,000 men would be made immediately available for the armed services by the Feb. 16 registration of those aged 20 to 44, inclusive, who are not already on selective service rolls.

President Roosevelt's proclamation today setting the mid-February date for listing of unregistered men subject to combat duty under the new selective service law will affect about 9,000,000 men.

Officials said it was expected that this group would include the following Class 1-A men, available for immediate call to duty:

20-year-old, 600,000; 21-year-olds (who have reached that age since the last registration,) 300,000; 36-to-44-year olds, 400,000.

Army expansion plans are military secrets since the start of the war. However, the last official word was that some 915,000 men in the presently registered 21-35 group would be called before the Army dipped into the new registrants.

Army Has 1,800,000

With over 1,800,000 men already in the Army, the new registration will place the nation in position to put over 4,000,000 men under arms without calling any classes under 1-A and leaving out of account any men under 20 who may be accepted as volunteers.

The new Selective Service Act provides for registration of all citizens and most aliens aged 18 to 64, inclusive, although only those aged 20 to 44, inclusive, are subject to combat duty.

Mr. Roosevelt's proclamation made no mention of those outside the 20-44 group. There were unofficial reports, however, that two additional dates would be set—one for registration of 18 and 19-year-olds and the other for the 45-64 group.

In the technical language of the proclamation, the Feb. 16 registration order applies to men born on or after Feb. 17, 1897, and on or before Dec. 31, 1921. The existing machinery will be used. . . .—*Los Angeles Times*, January 6.

3,600,000 Men For Army in 1942

Washington, Jan. 15.—A mighty army of 3,600,000 men before the end of 1942 is in the making, Secretary of War Stimson said today, to hasten the victory fought for so far against heavy odds.

Stimson said the ground and air forces would be more than doubled.

Draft Reclassification

Brigadier General Lewis B. Hershey, national director of selective service, today announced that a complete reclassification will be made of the 7,500,000 draft registrants in class 3A to make certain that their claims that they have dependents can be substantiated. He also said it would be necessary to draw from the 9,000,000 men between 20 and 44 due to register February 16.

1,700,000 Army Now

At the same time, Stimson declared that an A. E. F. would be sent outside the continental United States to fight on all war fronts in the world.

Present strength of the army, he said, is approximately 1,700,000. This means, according to other army spokesmen, that 1,900,000 new men will have to be called to the colors during the next twelve months through voluntary enlistments, recalling of reserves, the draft act and army training schools for officers.

Stimson said the increase was authorized by President Roosevelt, and the first three new divisions would be organized by March 25.—*San Francisco Call-Bulletin*, January 15.

L. A. Medical Men Map Care of Raid Victims

Dissolving city and county jurisdiction and sweeping political affiliations aside, hospital and city and county medical authorities moved yesterday to establish uniformity in caring for victims of possible future air raids.

Meeting at the General Hospital at the request of Arthur J. Will, county director of institutions and superintendent of

charities, representatives of numerous defense groups discussed general phase of the plan, which is already partially organized.

Dr. Charles Sebastian, assistant chief surgeon at Georgia Street Receiving Hospital, informed those attending that the present organization can take care of any ordinary emergency with personnel from the receiving hospitals.

Recommending school buildings and gymnasiums for use during emergencies, Dr. Sebastian explained that the completed plan calls for a hospital and casualty station for every 25,000 persons in the county.

Training of hundreds of volunteer first-aid workers will be undertaken by experienced physicians and surgeons and emergency stations will be located close to regular hospitals.

According to the plan, reserve supplies of necessary materials will be available at all times and members of casualty and field station crews will be required to reside within walking distance of their respective posts.

As outlined, the hospitalization plan is adapted after the plan approved by the Los Angeles Major Disaster Council. It calls for evacuation of as many patients as possible from hospitals for use of emergency patients.—*Los Angeles Examiner*, January 16.

War May Bring Typhus Spread Over Europe

Washington, D. C.—Persistent reports of a typhus epidemic in Europe should spread no undue alarm in the United States, according to Dr. Albert McCown, director of the Medical and Health Service of the American Red Cross.

Since 1882 in New York and 1883 in Philadelphia, the United States has not suffered from the epidemic form of typhus as have the European countries, and there is no danger of the occurrence of the epidemic form now, unless, of course, conditions similar to those in war-ravaged Europe should develop here, he said.

Typhus often follows in the wake of invading armies due to the lack of clothing and bathing facilities. Among the conquered peoples of Europe, there is a shortage of clothing and soap, and the resulting uncleanness of the population would be advantageous to the spread of the disease, Dr. McCown pointed out.

In 1915 when typhus broke out in Serbia, American Red Cross doctors under Dr. Richard P. Strong joined forces to combat the spread of the epidemic. Largely due to their heroic efforts, the disease was checked, but only after 150,000 Serbs had died within a period of six months.

Then, as now, Europe was at war. So paralyzing was the epidemic that the Serbian army was practically immobilized during the duration of the epidemic. The disease literally halted the war on that front, since the Austro-Hungarian armies declined to attack for fear of contracting the disease.

The disease was defeated by the establishment of emergency hospitals throughout the country where the sick could be properly treated. In addition, Red Cross doctors erased the seat of the trouble by instituting a program of mass cleansings of the population throughout mobile steam baths which could be transported to the most remote sections of the country. Clean clothing was also provided.

During the last war, and shortly thereafter, Russia was the greatest source of typhus with at least 10,000,000 cases reported, of which 2,000,000 proved fatal. Roughly 400,000 typhus cases were reported in Poland, of which 10 per cent were fatal.

Just how serious the threat of epidemics is cannot be accurately ascertained, but reports from Stockholm indicate that the disease has made inroads into Estonia, Lithuania, White Russia, Poland, the Baltic states, Spain and possibly Finland.—*American Red Cross News Service*.

Defense Role For Roadside Aid Stations:

Evacuation Plans

Washington, D. C.—Should evacuations of large civilian populations become a necessity to warring America, the 8,234 units in the Red Cross Highway First Aid Program will be admirably suited to administer emergency treatment to the evacuees.

Spotted throughout the country in rural areas are 2,918 highway first aid stations, while 5,316 mobile first aid units are regularly cruising the nation's traffic arteries. Each of the stations contains complete equipment and is tended by two people trained in first aid techniques. Available physicians and ambulances are listed and can be called immediately.

Planned in peacetime to fulfill the need for immediate relief to victims of highway accidents, the stations are located in police stations, tourist homes, wayside stores, gasoline stations, volunteer fire company stations and other convenient roadside buildings. First aid personnel is on duty at all times.

Evacuation of cities would naturally tax the transportation system of the nation, and the increased need for first aid facilities could be partially met by the utilization of the existing first aid stations.

American Red Cross Shifts First Aid Instructors to West Coast

Because the threat of possible air attacks on the Pacific Coast has resulted in a tremendous demand on Red Cross chapters for first aid instruction, the American Red Cross has shifted 20 experienced first aid field representatives to San Francisco. Immediately upon arrival the latter part of December these representatives were dispersed to strategic points and set to work on a program of training lay instructors in first aid throughout the Pacific Coast states. . . .

The Red Cross now has more than 35,000 first aid instructors throughout the country who are busy meeting the demands for training in their local communities. Because of the great demand for instruction the Red Cross is constantly conducting instructor training courses throughout the East and Midwest, in addition to those in the Pacific area.

During the past year upwards of 1,000,000 persons received first aid training from Red Cross instructors. Of these approximately 100,000 were residents of states located in the Pacific Area of the Red Cross: California, Oregon, Washington, Idaho, Utah, Arizona and Nevada. . . . *Bulletin*, American Red Cross.

COMMITTEE ON PUBLIC HEALTH EDUCATION†

Basic Science Initiative

Faced with the necessity of completing the signature solicitation and checking work of the Basic Science Law within a limited period of time, the Committee on Public Health Education last month turned the final phases of this job over to a professional circulator. The C. M. A. Council approved this step, and the circulator employed has already started work.

Members of the Association, their office staffs and friends, as well as members of the dental profession, druggists, dispensing opticians, members of the Woman's Auxiliary and others have, to date, turned in more than 100,000 signatures on the initiative petition blanks. This is about one-half the required number of names for qualifying the law for the ballot, or about one-third the gross number estimated necessary to provide the margin of safety deemed essential in campaigns of this character. The thanks of the Committee on Public Health Education, which has been supervising the work on the Basic Science Law, are extended to all those who contributed to this showing.

Under the new plan, with the professional circulator at work, initiative petitions will remain in the hands of physicians and their affiliates in all counties of California except Alameda, Los Angeles, San Diego and San Francisco. The professional firm will operate extensively in these four counties.

Any member of the Association in any of the four above-named counties who still has a Basic Science Law initiative petition in his possession should return it promptly to the Public Health League of California, whether or not it is completed. If it contains even a few names, it should be notarized, so that all names secured may be added to the total.

Members in the other counties of the state should continue to circulate their petitions; all signatures secured will swell the total and help the campaign. If there are any questions, please send them in to the Public Health League of California or to the C. M. A. office.

† The Committee on Public Health Education was established through Substitute Resolution No. 6 at the Del Monte annual session, May 3, 1939.

The Committee on Public Health Education consists of Frank R. Makinson, chairman, Oakland; Philip K. Gilman, secretary, San Francisco; Samuel Ayres, Jr., Los Angeles; Thomas A. Card, Riverside; James F. Dougherty, Tracy; Lowell S. Goin, Los Angeles; Dwight H. Murray, Napa; Henry S. Rogers (ex officio), Petaluma. Communications to the committee may be addressed to Frank R. Makinson, M.D., chairman, Wakefield Building, Oakland, or to the California Medical Association office, 450 Sutter Street, San Francisco.

COMMITTEE ON POSTGRADUATE ACTIVITIES†

Refresher Courses on Military Medicine

In an endeavor to promote a consideration of topics dealing with military medicine, the C. M. A. Postgraduate Committee recently sent to component county medical societies the following letter:

(COPY)

CALIFORNIA MEDICAL ASSOCIATION

Scientific Assembly

Committee on Postgraduate Activities

Four Fifty Sutter, San Francisco

February 2, 1942.

The County Society Officers and Postgraduate Committees, Addressed.

Dear Doctors:

Every physician is now interested in the treatment of war injuries and diseases, and it is important, since civilian casualties from bombardments are within the range of possibility, that all members of the medical profession should have up-to-date knowledge thereon.

To that end, the C. M. A. Postgraduate Committee is holding conferences with officers in the Medical Corps of the Army and Navy, and with other physicians who are in position to aid, in an effort to learn who will be available for refresher courses on topics related to military medicine.

* * *

Topics—The C. M. A. Committee has in mind four major topics:

- (1) Treatment of Burns.
- (2) Treatment of Fractures.
- (3) Treatment of Hemorrhage and Shock.
- (4) Treatment of Gas Casualties.

* * *

Two Meetings Suggested.—The suggestion is made to county societies that two-evening courses (either in the same or in a succeeding week) be given. Two talks could be given on each of the two evenings, hours to be in line with local convenience.

According to community needs, one or more county societies could unite in holding the meetings, at times and places to be decided by them.

* * *

Necessary for County Societies to Indicate Their Wishes.—Before the C. M. A. Postgraduate Committee can make requests for leaves of absence for military colleagues who would be guest speakers, it is necessary to learn what are the county societies whose officers will sponsor and promote such meetings. . . .

* * *

Military Exigencies Present Certain Difficulties.—In the conferences with Medical Corps authorities, the C. M. A. Committee has learned that it will not be possible to promise in advance, with assurance, that the medical officers requested will be available. Military conditions at the time will determine that. If such be the case, an effort will be made to secure some other guest speaker.

Also, kindly keep in mind that colleagues in service will not be in position to secure leaves for visits to county societies which are located at considerable distances from their posts. Their Commanding Officers

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary, who is secretary ex officio of the Committee on Postgraduate Activities.

must keep them available for any emergencies that may arise.

* * *

Joint Meetings Suggested: Also Convenient Dates.—These facts emphasize the importance of adjacent county units holding a joint meeting or meetings and on dates somewhat convenient to the guest speakers.

Hoping for your cooperation,

Cordially yours,

C. M. A. POSTGRADUATE COMMITTEE.

DWIGHT L. WILBUR, *Chairman*,

F. E. CLOUGH, *Vice-Chairman*,

H. E. HENDERSON.

By GEORGE H. KRESS, *Secretary*.

War Medicine Lectures Given at U. C.

In order to equip young doctors, many of whom will be called into the armed forces on graduation, for war-time duty, the University of California Medical School is giving a series of lectures on War Medicine.

The series of 16 lectures, which are being given by faculty members, was arranged by the committee on Medical School curriculum. The lectures are given each Wednesday afternoon at 3 o'clock, for third and fourth year students. Faculty members and other physicians are invited.

Two lectures, scheduled February 4 and 11, were given by Dr. Karl Bowman, professor of psychiatry and head of the new Langley Porter Clinic, who spoke on the psychiatric aspects of the war.

Other aspects of war medicine to be covered will include anesthetics, shock, burns, wounds, fractures, vitamins, aviation medicine, chemical warfare, infectious diseases, and similar topics.

Herzstein Medical Lectures

The eighth course of Herzstein Medical Lectures will be delivered by Eduardo Braun-Menendez, M. D., who is Lecturer in Physiology and Director of Cardiovascular Investigations, Institute of Physiology, Faculty of Medical Sciences, University of Buenos Aires. The lectures will be given on the evenings of Monday, Wednesday and Friday (March 9, 11 and 13, 1942), at 8:15 o'clock in the Auditorium, University of California Extension Division, 540 Powell Street, San Francisco, California. Members of the medical profession, including practitioners and medical students and other interested persons are cordially invited to attend. The lectures are open to the public.

Dr. Braun-Menendez will give three lectures on the general subject of "Experimental Renal Hypertension" as follows:

March 9, 1942—The Humoral Mechanism of Renal Hypertension.

March 11, 1942—Hypertension, the Chemical Mediator of Renal Hypertension.

March 13, 1942—Basis for the Specific Treatment of Renal Hypertension.

The Morris Herzstein Lectures were established in 1929 by the late Dr. Morris Herzstein of San Francisco to be given under the direction of Stanford University School of Medicine and the University of California Medical School. These are given on alternate years by scientific men of outstanding achievement. Lectures are open to the public as well as to the medical profession.

The previous courses of Herzstein Lectures have been given as follows:

1929.—"Influence of the Sympathetic Nervous System on the Activity of Skeletal Muscles, of Sensory Receptors, and of the Central Nervous System," Dr. L. A. Orbeli, Professor of

Physiology, Medical Institute of Leningrad, U.S.S.R.

1930.—"Medieval and Modern Medicine," Dr. Charles Singer, Lecturer in the History of Medicine, University of London, England.

1932.—"Carbohydrate Metabolism," Dr. Philip Anderson Shaffer, Professor of Biological Chemistry, Washington University School of Medicine, St. Louis, Missouri.

1934.—"The Internal Secretions of the Anterior Lobe of the Pituitary Body," Dr. Herbert McLean Evans, Professor of Anatomy, Morris Herzstein Professor of Biology, Director of the Institute of Experimental Biology, University of California, Berkeley, California.

1936.—"Precept and Practice of Preventive Medicine," Dr. John Gerald FitzGerald, Professor of Hygiene and Preventative Medicine, Director of Connaught Laboratories, School of Hygiene, University of Toronto, Toronto, Canada.

1938.—"The Problem of High Blood Pressure," Dr. George W. Pickering, Lecturer in Cardiovascular Pathology, University College Hospital, London, England.

1940.—"Physiological Responses to Stress," Dr. David Bruce Dill, Professor of Industrial Physiology, Harvard University, Cambridge, Massachusetts.

How the Los Angeles County Medical Association Is Providing Refresher Courses in Emergency Casualty Medicine and Surgery

(COPY)

LOS ANGELES COUNTY MEDICAL ASSOCIATION

Los Angeles, Calif.

February 10, 1942.

Dear Doctor Kress:

A reply to your communication of February 2nd relative to refresher courses on topics related to military medicine was delayed until now because of plans under way for such courses here in Los Angeles County.

Under the joint direction of the Chief of Emergency Medical Service for Los Angeles County, the corresponding officer for the City of Los Angeles, and the local chapter of the American Red Cross, plans have been formulated for the setting up of sixty casualty stations in the city and approximately forty stations in the county. For each of these, in addition to a personnel of trained assistants, there will be a medical staff of eight, of which two will be designated as "Chief" and "Alternate."

The Los Angeles County Medical Association has been delegated to provide refresher courses in emergency casualty medicine and surgery for the medical members of these casualty stations.

The first course will be presented primarily for the Chief and Alternate Chief medical officers of the casualty stations and will be held at the Los Angeles County Medical Association on Friday afternoon and evening, February 27, and Saturday morning, February 28; and again on Friday, March 6, and Saturday, March 7, at the same hours. These six sessions will constitute one course. On the two succeeding weekends, March 13-14, and March 20-21, the course will be repeated for members-at-large of the County Medical Association. If the number of applicants for these courses warrants, the course will be repeated subsequently.

These refresher courses have been arranged by Doctors Ben L. Bryant and Robert J. Moes as representatives of the Los Angeles County Medical Association on the Medical Advisory Committee of the Chief of Emergency Medical Services.

Similar courses will be held in the various Branches by the same corps of instructors.

Cordially yours,

L. A. ALESEN, M. D., *Secretary*.

LAA:C:T

Rural Doctors Get Refresher Course

Thirteen doctors selected from rural areas in California, Nevada, Utah and Arizona are taking an intensive refresher course in the care of infants and children, at the University of California.

The course, for general practitioners, is being given by Dr. Amos U. Christie, associate professor of pediatrics, and members of the Medical School staff, in co-operation with the State Department of Public Health and the California Medical Association.

Dr. Christie said that 300 rural doctors from California, Nevada, Utah, Arizona, New Mexico, Wyoming and Idaho have been given similar training in the periodic courses given at the Medical School during the past year.—*Berkeley Gazette*, January 13.

Ninth Annual Course: San Jose Hospital Association

The Ninth Annual Lecture Course of the San Jose Hospital Association will present as guest speakers: Dr. William Carpenter MacCarty, Professor of Pathology, Mayo Foundation, University of Minnesota, Graduate School and Consulting Physician, Mayo Clinic, Rochester, Minnesota.

The course will be held on March 23, 24, 25, 26, and 27, 1942.

For further information, address: John Hunt Shephard, M. D., 609 Medico-Dental Building, San Jose.

American Congress on Obstetrics and Gynecology

The general features of the program for the coming Congress, to be held in St. Louis, Missouri, April 6-10, 1942, are announced as follows:

The morning sessions will be divided into two periods from 9:30 to 11 and 11 to 12. The more formal presentations will appear in the first period.

Monday morning at 11 o'clock there will be a general "Obstetric Information Please," based on the well known quiz program and presided over by a moderator and four experts. This will be repeated on Wednesday morning, for shock and hemorrhage and Friday, on economics. Clinical conferences on genital infections will be held Tuesday morning at 11 and Thursday morning on "How Not to Treat Carcinoma." During the afternoons various groups will present formal programs devoted to nursing, public health, and hospital administration, among which will be certain combined programs.

A special feature of this Congress will be a daily consultation service at 3:30. About 50 nationally known physicians will make themselves available for fifteen-minute consultations through a registration system by individual practitioners who may desire such advice in their specific problems.

Round table discussions will also be arranged by the section chairmen.

Practical demonstrations are scheduled in the scientific exhibit area on manikin deliveries, home care technique, and blood transfusions.

Further information is available at the Central Office of the Congress at 650 Rush Street, Chicago.

COMMITTEE ON MEDICAL ECONOMICS

Compulsory Health Insurance

At a time when every right-thinking American should be rallying behind our Commander-in-chief with the single purpose of crushing the foreign aggression which seeks to engulf us, we are called on to consider and resist one of the most revolutionary and un-American doctrines ever seriously advocated by a responsible American government.

E. J. Faulkner, president, Woodmen Accident Company, thus describes in an address at Chicago, the proposed institution in this country of a system of compulsory health insurance. The speaker continued:

It was thought that when the attempts of a socialistically inspired minority to secure the passage of compulsory health insurance measures in a number of States during 1917 and 1918, met everywhere with decisive rejection, that the ghost of this alien ideology had been laid. Such wishful thinking, however, failed to reckon with the fanatic belief of the proponents of compulsory health insurance in the ability of an omnipotent State to create a Utopia here and now by the mere enactment of laws.

The enactment of the Federal Social Security Law set the stage for the entry of the compulsory health insurance advocates into the highest councils in the land. Since that time we have heard their arguments repeated in the so-called Interdepartmental Committee on Economic Security; we have witnessed the spectacle of the hand-picked National Health Conference serving as a sounding board for socialized medicine and government-operated insurance. We have read of the unauthorized and irregular expenditure of some \$40,000 by the Home Owners Loan Corporation to finance the Group Health Association in the District of Columbia. We are cognizant of the perennial introduction of the Wagner and Capper-Epstein Bills proposing the establishment of systems of compulsory health insurance. We have followed the prosecution of the American Medical Association under the Anti-Trust Laws.

Even this is but the briefest outline of the build-up for compulsory health insurance during the last 20 years. But not until today has the opportunity seemed right for the final coup which would plant America's feet firmly on the soil of Marxian Utopia. Today the headlines scream "Finance Defense Through Social Security Plan," "Big Increase in U. S. Payroll Taxes Forecast," "Disability Benefits Proposed." Under a Washington date line we learn: "A vast plan under which every worker in the United States with a job would help pay the cost of the \$50,000,000,000 National Defense program and, at the same time, provide himself with more social security is being drawn in Washington." The momentous announcement of the Roosevelt-Churchill declaration of war aims crowded the official announcement of the enlarged social security plan into the back pages of many newspapers, yet the security proposal, for the immediate future, touches much closer home to Mr. and Mrs. Average American than any war or post-war aims. It is much more immediate. And again: "President Roosevelt disclosed today (September 30) the administration was contemplating a broad expansion of the social security program with the two-fold objective of deterring inflation and easing the readjustment after the current emergency ends." Still another dispatch relates that a 15 per cent payroll tax is in the wind to finance, among other things, compulsory disability insurance.

In the face of this history and these manifold evidences can anyone be so naive as to deny that the advocates of socialism are taking advantage of this hour of national peril to unload upon America a system of compulsory health insurance? Is there one among us who denies the gravity of this situation or the immediate necessity for awakening the American people to it? In all solemnity we must face the issue. Unless the American public moves decisively to protect itself now against these proposals and the alien philosophies which they represent, it will be too late. Under the guise of national defense we will have been sold down the river of socialism.

After summarizing the arguments advanced in favor of compulsory health insurance by its proponents and analyzing the philosophy which underlies all social insurance proposals, Mr. Faulkner said:

We will do well to remember with Raymond Moley that "we have learned a good many things about security over the past 20 years. The single most important one, I believe, is that government cannot make security for the individual. It can seem to make it by taking from one and giving to another. It can equalize burdens. It can redistribute the products of industry. It can enlarge opportunity. But it cannot make security, for 'made security' is as false and impermanent as 'made work.' Whether we emerge from this world upheaval still possessed of our ancient faiths will depend in no small measure upon our recognition that the things which government can do are limited. Essentially, the individual must make his own security in his own way—out of his own experience."

Not you and I, not the medical profession, no, not even the bureaucrats, will give the final answer on compulsory health insurance. Ultimately, that answer will be formulated in the minds and hearts of 130 million Americans. It is for us to meet the challenge by employing every facility at our command to put the facts before the public. Already the tools of mass propaganda are being used to establish the concepts of compulsory insurance. Let us recognize that 1941 conditions require modern techniques. Let us reaffirm our faith in free productive enterprise and a free medical profession as the American approach to the conquest of poverty and disease. The war to crush Nazi tyranny must be financed but not through subterfuge, not by surrender to any foreignism or ideology.—*San Francisco Underwriters' Report*.

COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS

Public Names for Drugs

The Pharmacological Laboratory of the University of California (Medical Center, San Francisco, California), in a recent bulletin advises that, wherever possible, public names be used, "to save money for patient and clinic."

The list of drugs given below was attached, with the following comments:

"Relative prices of identical substances sold respectively under trademarked (protected) or on the other hand under non-proprietary names which any manufacturer

may use. Prices noted are wholesale quotations as of August, 1941.

"It is strongly recommended that the *U. S. Pharmacopoeia*, *New and Non-official Remedies*, and the *Epitome of the U. S. Pharmacopoeia and National Formulary* (the two latter are published by the American Medical Association) be used as aids in prescribing. There will be found in the *National Formulary* many compound prescriptions for various preparations, such as effervescent saline mixtures, hypnotic elixirs, or preparations of iron salts, which, if ordered under their "official" name as given in the *National Formulary* will always be found to be very much cheaper than similar preparations slightly modified by individual manufacturers in order to be marketed under exclusive trade names."

Proprietary Names and Owner		Public Names	
"Adalin"—(Winthrop)	2.00 oz.	Carbromal, USP .....	.78 oz.
"Anesthesin"—(Winthrop)	1.75 oz.	Ethyl aminobenzoate, USP .....	.55 oz.
"Argyrol"—(Barnes)	1.50 oz.	Silver protein, mild, USP .....	.52 oz.
"Aristol"—(Winthrop)	1.80 oz.	Thymol iodide, USP .....	.44 oz.
"Atophan"—(Schering & Glatz)	2.75 oz.	Cinchophen, NF .....	.42 oz.
"Diuretin"—(Bilhuber-Knoll)	1.85 oz.	Theobromine sodio-salicylate, USP .....	.30 oz.
"Luminal"—(Winthrop)	6.90 oz.	Phenobarbital, USP .....	.57 oz.
"Medinal"—(Schering & Glatz)	3.00 oz.	Birbital sodium, USP .....	.65 oz.
"Nembutal"—(Abbott)	7.42 oz.	Pentobarbital sodium, USP	2.50 oz.
"Neocaine"—(Anglo-French)	3.10 oz.	Procaine hydrochloride, USP	1.95 oz.
"Novocain"—(Winthrop)	2.88 oz.	Procaine hydrochloride, USP	1.95 oz.
"Phenacetin"—(Winthrop) .....	.63 oz.	Acetophenetidin, USP .....	.18 oz.
"Phontylin"—(Winthrop) .....	.60 oz.	Sulfanilamide, USP .....	.33 oz.
"Protargol"—(Winthrop)	1.25 oz.	Silver protein, strong, USP .....	.51 oz.
"Pyramidon"—(Winthrop) .....	.82 oz.	Aminopyrine, USP .....	.47 oz.
"Theocin"—(Winthrop)	5.64 oz.	Theophylline, USP .....	.86 oz.
"Urotropin"—(Schering & Glatz) .....	.20 oz.	Methenamine, USP .....	.20 oz.
"Veronal"—(Winthrop)	3.00 oz.	Barbital, USP .....	.59 oz.
"Xeroform"—(Schering & Glatz) .....	.75 oz.	Bismuth tribromphenate .....	.52 oz.
"Empirin Compound" tablets—(Burroughs Wellcome) ..	1.35/100	Acetylsalicylic acid compound tablets.....	.60/100
"Luminal Elixir"—(Winthrop)	18.13/gal.	Phenobarbital elixir, NF	3.60/gal.
"Pyramidon Tablets," 0.3 gram—(Winthrop)	1.75/100	Aminopyrine tablets, NF	1.00/100
"Theominal tablets"—(Winthrop)	2.75/100	Theobromine, 0.3 gram and phenobarbital, 0.3 gram.	1.23/100
"Veronal tablets," 0.3 gram—(Winthrop)	3.60/100	Barbital tablets, NF .....	.81/100

Increased Prevalence of Epidemic Meningitis

The Los Angeles City Health Department *Weekly Report* of January 31, 1942, contained the following item:

Physicians are advised to be especially on the alert for meningococci meningitis, which thus far this year has shown a definite tendency towards an increase in cases. For the entire year of 1941 there were 10 cases and 2 deaths. Up to the week ending January 24th of this year, we have had 8 cases reported with 4 deaths.

Separated by weeks ending Jan. 10th, 17th and 24th there were 1, 2 and 5 cases respectively. Two of the cases were diagnosed only at autopsy. The cases were scattered throughout the city, with apparently no common epidemiological connections.

This disease, with a case fatality rate of between 25 per cent and 75 per cent before the advent of the sulfonamide drugs, occurs sporadically and in epidemics. Although it may crop up at any time during the year, it shows a tendency to increase in colder weather. Overcrowding, fatigue, lowered resistance, and poor living conditions favor its spread.

Cases predominate among males and in the younger age groups. The main factor in transmission is the healthy carrier, although the case and the articles contaminated by infectious discharges are also a source of danger. The organism enters and leaves by way of the nasopharynx.

Epidemic meningitis presents three clinical phases: a nasopharyngeal, a septicemic and a meningitic. The typical picture of acute onset with headache, chills, fever, backache, stiff neck and reflex changes with a positive Kernig, does not present too great a diagnostic problem.

Our chief concern lies with the abortive a typical case, or the early nasopharyngeal phase of the infection.

Preventive measures include being on the alert, quarantine and isolation of the case and contacts, and the avoidance of overcrowding and the factors which impair good health. There is no effective vaccine. Judicious use of antiserum and the sulfonamides has definitely lowered the mortality.

27 New Divisions Ordered Into Active Duty

All Reservists to Be Recalled in Vast Army Expansion

Washington, Feb. 7. — (AP) — President Roosevelt authorized the War Department by an executive order today to call to active duty twenty-seven organized infantry reserve divisions which in peacetime exist only on paper.

The order means early mobilization of all qualified reserve officers not previously called to active duty, department officials said.

Corps area commanders already had been directed to recall some 200,000 enlisted reservists who had been released from active duty last fall. . . .

Specialized reserve units already formed, such as hospital units which have been formed in many cities, will be called to active duty as required during the expansion process.

Transforming the twenty-seven divisions from the old style square organization into triangular units like those of the existing Regular Army and National Guard, involves trimming their size to some 15,000 men, but increases their effectiveness and mobility. A large proportion will be motorized.—San Francisco *Examiner*, February 8.

COMMITTEE ON HEALTH†

The informative data presented in Tables 1 and 2 was received from the California State Board of Public Health with the letter which follows:

(COPY)

State of California
DEPARTMENT OF PUBLIC HEALTH

To the Editor:—We are enclosing tabulations of reported cases of epilepsy in California by county and by ages.

Since the disease was made reportable in the latter part of 1939 there has been an excellent response on the part of physicians in reporting their cases.

The breakdown by ages shows a considerable number who fall within the automobile driving age. Undoubtedly many of these did drive a car.

Institution Cases include patients reported from the Mendocino, Napa, Stockton, Norwalk, Spadra, Agnew, Camarillo, Patten and Sonoma State Institutions.

Perhaps you may be able to make use of some of this data in the journal. It would undoubtedly stimulate reporting of this disease also, as there are perhaps many cases not reported.

Yours very truly,

HARLIN L. WYNNS, M.D.,
Chief, Bureau of Epidemiology.

Incidence of Epilepsy in California*

TABLE 1.—Epilepsy Cases By Age—September 19, 1939 Through 1941

Age Group	Number of Cases	Institution Cases *	Total Number Cases
Under 1	3	..	3
1 year	9	2	11
2 years	9	5	14
3 "	15	7	22
4 "	14	4	18
5 "	20	8	28
6 "	12	13	25
7 "	20	14	34
8 "	24	14	38
9 "	16	19	35
10-14 years	146	163	309
15-19 "	309	234	543
20-24 "	417	207	624
25-29 "	417	140	557
30-34 "	355	147	502
35-44 "	712	186	898
45-54 "	490	124	614
55-64 "	257	66	323
65-74 "	82	24	106
75 and over	23	1	24
Adult	29	565	594
Unknown	217	1	218
TOTAL	3,596	1,944*	5,540

TABLE 2.—Reported Cases of Epilepsy: By California Counties

County	September, 1939	1940	1941
Alameda	86	100	55
Alpine .....	..	..	..
Amador .....	..	..	..
Butte	2	1	1
Calaveras .....	..	..	..
Colusa .....	..	..	..
Contra Costa	1	1	1
Del Norte .....	..	..	..
El Dorado .....	..	..	..
Fresno	12	35	19
Glenn .....	..	..	..
Humboldt .....	..	1	..
Imperial .....	..	1	..
Inyo .....	..	1	..
Kern .....	..	8	5
Kings .....	..	..	..
Lake .....	..	..	..
Lassen .....	..	..	..
Los Angeles .....	..	1,415	948
Madera .....	..	1	..
Marin	2	2	2
Mariposa .....	..	..	..
Mendocino .....	..	80	8
Merced .....	..	2	..
Modoc .....	..	..	..
Mono .....	..	..	..
Monterey	5	7	4
Napa	107	17	19
Nevada .....	..	..	..
Orange	4	11	10
Placer .....	..	..	..
Plumas .....	..	..	..
Riverside	3	4	6
Sacramento	2	13	1
San Benito	1	2	..
San Bernardino	9	217	84
San Diego	5	9	8
San Francisco	64	184	180
San Joaquin	8	221	39
San Luis Obispo	7	..	..
San Mateo	27	14	29
Santa Barbara	4	..	2
Santa Clara	1	133	2
Santa Cruz	1	5	2
Shasta .....	..	..	..
Sierra	1	..	..
Siskiyou .....	..	..	1
Solano	1	5	..
Sonoma	620	76	78
Stanislaus .....	..	2	1
Sutter .....	..	..	1
Tehama .....	..	..	..
Trinity	1	1	..
Tulare	6	7	..
Tuolumne .....	..	..	..
Ventura	3	83	..
Yolo	3	..	1
Yuba	1	1	..
TOTALS	1,383	2,660	1,497

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (10)

San Francisco County (6)

Albert J. Brinckerhoff, *San Francisco*
William Francis Dwyer, *San Francisco*
Frank C. Eastman, *San Francisco*
Stephen Erlach, *San Francisco*
Samuel Pike Hall, *San Francisco*
Hans Waine, *San Francisco*

San Joaquin County (1)

Vincent D. O'Connor, *Manteca*

San Mateo County (2)

Frank Paul McManus, *San Carlos*
Margaret C. Malone, *Millbrae*

Solano County (1)

Elliott Burns Lee, *Vallejo*

Transfers (3)

Harry M. Grayman, from Merced County to Fresno County.
Milton A. Dexter, from San Diego County to Solano County.
Olley D. Ellefson, from Stanislaus County to Fresno County.

† For roster of officers of component county medical societies, see page 4 in front advertising section.

In Memoriam

Brown, Henry Calvin. Died at San Jose, December 30, 1941, age 80. Graduate of Rush Medical College, University of Chicago, 1887. Licensed in California in 1892. Doctor Brown was a member of the Santa Clara County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



Gomes, Joseph John. Died at Oakland, January 8, 1942, age 61. Graduate of College of Medical Evangelists, Loma Linda, 1923. Licensed in California in 1923. Doctor Gomes was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.



Howell, Albion James. Died in San Francisco, December 16, 1941, age 45. Graduate of St. Louis University School of Medicine, Missouri, 1923. Licensed in California in 1924. Doctor Howell was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.



Honda, Rikita. Died at Los Angeles, December 14, 1941, age 51. Graduate of Chiba Medical College, Chiba, 1918. Licensed in California in 1923. Doctor Honda was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.



Johnson, Walter Albert. Died at Belmont, December 9, 1941, age 35. Graduate of Stanford University School of Medicine, 1932. Licensed in California in 1932. Doctor Johnson was a member of the Contra Costa Medical Society, the California Medical Association, and the American Medical Association.



Lee, Floyd James. Died at Santa Monica, January 3, 1942, age 43. Graduate of College of Medical Evangelists, Loma Linda, 1924. Licensed in California in 1924. Doctor Lee was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.



Mikels, Benjamin Mikelsky. Died at Long Beach, December 19, 1941, age 59. Graduate of Bowdoin Medical School, Brunswick-Portland, Maine, 1914. Licensed in California in 1920. Doctor Mikels was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.



Montgomery, Douglass William. Died in Guayaquil, Ecuador, December 20, 1941, age 82. Graduate of Columbia University College of Physicians and Surgeons, New York, 1882. Licensed in California in 1886. Doctor Montgomery was a member of the San Francisco County

Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



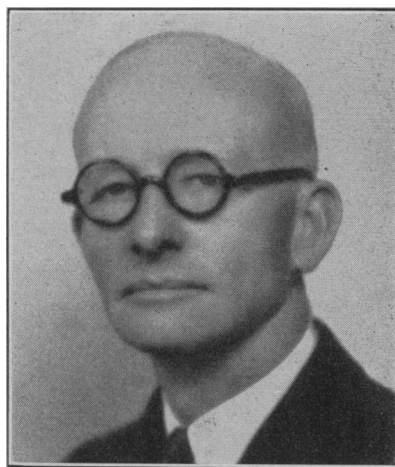
Nelson, James Everett. Died at Merced, January 5, 1942, age 52. Graduate of University of Missouri School of Medicine, Columbia, 1905. Licensed in California in 1905. Doctor Nelson was member of the San Joaquin County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



Watson, Fred V. Died at Hollywood, January 6, 1942, age 65. Graduate of Marion-Sims College of Medicine, St. Louis, Missouri, 1899. Licensed in California in 1922. Doctor Watson was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.



OBITUARIES



Eugene S. Kilgore

1878—1942

On the night of January 1, 1942, Eugene S. Kilgore lay down to sleep and on the morning of January 2, his family, medicine and his city had lost a man, a physician and a citizen whose death is deeply and widely felt.

Born in 1878 in Iowa, he came to California with his parents when five years old. Doctor Kilgore received his Bachelor of Science degree from the University of California in 1904 and then spent one year as tutor for the son of Samuel Hopkins, before going East to attend Harvard Medical School, where he received his M. D. in 1909. He served in the Massachusetts General Hospital and in 1911 returned to California, spending a year as physician in the Infirmary at Berkeley, then coming to San Francisco on full-time service in the Department of Medicine in the University of California Medical School.

On June 18, 1914, in New York City he married Mary Kirkpatrick and to them came first a daughter and then twins—a son and daughter. To these children and to their mother goes, we know, the sympathy of all who knew Eugene Kilgore.

He taught and worked at the University Medical School until the United States entered World War I, in 1917. For this he had organized Base Hospital 30, the University's unit, and when it was called to service he was in command and went with it to France where, at Royat, it saw much service and cared for many patients.

He was promoted Lieutenant-Colonel and appointed Medical Consultant for the Fifth Army Corps, but the Armistice came and he never filled the post.

Doctor Kilgore returned to San Francisco in the fall of 1919 and, in association with John Rehfisch, began the practice of internal medicine with offices in the Galen Building where they developed also an x-ray laboratory. In April, 1920 they were joined by Alson R. Kilgore, who was to do surgery.

During all of these years he continued work at the University Medical School, attaining a Clinical Professorship of Medicine. His chief interest in medicine, perhaps, was the heart and he was active always in the American Heart Association. In addition to membership in the American Medical Association and its constituent societies, he held the certificate of the American Board of Internal Medicine and was a member of the Association of American Physicians.

His interest in the economic trends in medical practice, and the political and economic trends in the world was always keen and he translated interest into deeds, quietly and constantly. His knowledge of group practices in medicine was practical because of long association with the employee medical services of the Western Pacific and Santa Fe Railroads and other such groups. He spared no effort to present the undesirable aspects of "socialized medicine" to the public—his untiring work in the Public Health Section of the Commonwealth Club bearing witness to this.

Studious, quiet, unendingly persistent in pursuit of his ideas of the right or in opposition to wrong, and with a high sense of duty, he lived a life of hard work, broad accomplishment and interest, and leaves friends throughout the land to grieve at his loss.

H. M. F. B.

James E. Nelson

1879—1942

The San Joaquin County Medical Society lost one of its most esteemed and respected members in the passing of Dr. James E. Nelson of Lodi on January 5, 1942. Dr. Nelson died in Merced, California, where he had been visiting his brother-in-law, Dr. J. L. Mudd. While there he suffered an obstruction of the bowel which was found to be due to carcinoma.

Dr. Nelson was born in Volant, Pennsylvania, on May 23, 1879, receiving his B. S. degree from Westminster College in Pennsylvania in 1901, and his M. D. degree from the University of Missouri in 1905.

From 1905 to 1935 he was engaged in general practice at which time he was forced to temporarily retire because of severe asthma. In the study of his own case he became extremely interested in allergy and when he resumed his practice in 1938, he limited his work to that specialty and gained the respect and confidence of both his medical conferees and the public by his conscientious and careful work.

Dr. Nelson was instrumental in the organization of the San Joaquin County Public Health District which grew out of a movement started within the Lodi Rotary Club and prompted by a severe diphtheria epidemic in that region in 1921. Dr. Nelson was a member of the Board of Directors of the local public health district and served as its first president.

Most of all, Jim Nelson will be remembered by his friends and associates as a courteous kindly gentleman, a loyal considerate friend, a sterling citizen, conscious of his responsibilities and able and willing always to do more than his share. He was ever considerate and

thoughtful of his medical confreres in the medical practice and was a veritable balance wheel for the younger men who knew they could always depend upon his sound judgment and advice. You might differ with Jim Nelson but you always respected him.

Dr. Nelson was married in 1906 in Escondido, California, to Miss Grace Mudd and two children were born to that union,—a son, William, now serving in the United States Navy, and a daughter, Mrs. Margaret Ingram of Stockton. To them, his medical confreres of the San Joaquin County Medical Society send their most sincere sympathy.

DEWEY R. POWELL, M. D.

Douglass W. Montgomery

1859—1941

In Guayaquil, on December 21, 1941, in his eighty-second year of life and his fifty-fifth year of practice, a coronary thrombosis struck Doctor Montgomery swiftly while he was on one of his frequent trips to the far corners of the world.

One of America's best known dermatologists, Doctor Douglass W. Montgomery was born of Scotch parentage in Islington, Ontario, Canada, in 1859. Graduating from Columbia University, he then engaged in intensive study in the famous skin clinics of Europe. He arrived in San Francisco in 1886.

His training had been unusual for his time. In New York he had been chief of staff under the famous Halstead and Bull, and in Europe he worked at the elbows of the famous masters of the time—Arnold, Thoma, Meyer, Ehrlich, etc.

Particularly unusual was his training in histology and pathology. He held the first chair in these subjects in the old Toland Medical College, later the University of California Medical School. Together with the late Dr. Harry M. Sherman he was co-founder of the San Francisco Polyclinic in 1888, and its first dermatologist. Thus he developed in San Francisco the specialty of dermatology. Resigning from this group and as professor of pathology at Toland in 1894, he became the first professor of dermatology in what is the University of California Medical School, which position he held until 1911. An interesting and valuable article, "Teaching of Dermatology: Its Development in San Francisco," appeared in "California and Western Medicine," in the issue of December, 1941, the month of his death.

He imported from France one of the first x-ray machines in the west and one of the first tubes of radium in this country. In 1910 while travelling in Brazil, he heard of the famous discovery of Ehrlich—"606," the first drug to be "infused" into the veins. Doctor Montgomery sailed quickly to Europe, saw Ehrlich, and soon forwarded a box of salvarsan ampoules to the University Medical School here. This was the first salvarsan ever used in America. On December 14, 1937, the San Francisco County Medical Society paid tribute to him, and by unanimous vote awarded him an engraved record of those felicitations. He was a member of the California and American Medical Associations, the American Dermatological Society, the American Board of Dermatology, and of numerous European societies. His published treatises numbered over a hundred. He assisted to found the Academy of Medicine in 1886.

His unusual ability was enhanced by his rare sense of humor, his wide knowledge of modern and dead languages, and his remarkable memory. The latter ability was often evidenced in his speeches and articles on early San Francisco—medical and otherwise. His death is a great loss to medicine, as well as a personal loss to those

of us who had the rare privilege of his company. As one of the veteran "knights of the round table" at the St. Francis Hotel lunch hour there was never an empty seat beside Douglass. Even at eighty-two his memory was unfailing, his wit sharp and his fund of narratives rich.

We shall miss his willing, wise and unselfish counsel; his sprightly gait and rosy cheeks, his beaming smile and the twinkle in his eyes, as when at the end of his anecdote he would patiently wait with a steady gaze until you realized the impact of his words; then he too would burst into hearty laughter. His hobby was the reading of the classics; and so from his favorite Virgil, I quote what he could well have said: "I have lived, and I have seen the course which fortune allotted to me; and now my shades shall descend illustrious to the grave."

H. M. F. B.

Alfred H. Tickell 1864—1942

Alfred H. Tickell, of Nevada City, California, a retired member of the Placer-Nevada-Sierra County Medical Society and of the California Medical Association, passed away quietly and peacefully, during sleep, the evening of January 28, 1942.

Dr. Tickell was born in 1864, in Belleville, Ontario, Canada, and received his preliminary education in Belleville schools. He graduated in medicine from the Southern Medical College of Atlanta, Georgia, with the Class of 1891. Nearly all of his medical life had been spent in Nevada City in this State. For thirty-seven years, until he resigned a few years ago because of ill health, he was County Physician of Nevada County.

Dr. Tickell became a member of the Placer County Medical Society—now the Placer-Nevada-Sierra County Medical Society—in 1904 and, for many years, was an active member, the minutes recording many of his papers and case reports. He served a term as Vice-president and was also a delegate to the State Society. In recent years, because of failing health and strength, his presence has been missed.

Doctor Tickell was one of the fast disappearing old-time beloved general practitioners. He had the respect of his confreres and of the public at large; he retained the love and confidence of his patients to the last. He left an innumerable host of friends who mourn his loss and whose sympathy goes out to his widow, the former Miss Belle Morton, of Sacramento, whom he married September 1, 1897.

The writer, who had known Dr. Tickell for more than forty years, can testify to the loss of a conscientious, faithful, able practitioner of medicine, one who was, in addition, an educated, cultured gentleman.

ROBERT A. PEERS.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. HARRY O. HUND.....President
MRS. RENE VAN DE CARR.....Chairman on Publicity
MRS. ROSSNER GRAHAM.....Asst. Chairman on Publicity

News Items

Mrs. Harry O. Hund, State President, announces a meeting of the Officers and Board of Directors to be held in Santa Barbara on February 13. At that time, members of the State Board will have the pleasure of meeting Mrs. R. E. Mosiman of Seattle, Washington, President of the Woman's Auxiliary to the American Medical Association. Meeting Mrs. Mosiman will be an inspiration to all who have that privilege.

Mendocino-Lake Counties Organize.—On December 13, the State President, Mrs. Harry O. Hund, attended a joint meeting of the Medical Society and Doctors' wives of Mendocino-Lake Counties, at Talmage. A new Auxiliary unit, Mendocino-Lake, was formed. The officers are Mrs. M. F. Cullen, President; Mrs. Dallas Wagner, Vice-president; and Mrs. Marshall Porter, Secretary-Treasurer. We are very happy to welcome this new group at a time when organization is so necessary in carrying out the National program which has been outlined for us. "Every Doctor's Wife in Health Defense" is the National slogan. First Aid and Nutrition classes, as well as Red Cross sewing groups have been sponsored by most of the County Auxiliaries.

Response to the Alameda County Medical Auxiliary defense program, as planned by Mrs. R. Abbott Crum, president, has been most gratifying. First Aid classes, under the direction of Doctor Dorothy Allen, have been organized. Red cross sewing groups meet once a week. Other projects include the collecting of drug samples donated by some of the doctors, to be used in defense work.

Mrs. Harry O. Hund, State President, was honored at the January luncheon meeting which was held at Claremont Country Club.

Following Mrs. Hund's address, Mrs. James MacDonald played selections by Liszt and a group of modern Afro-Cuban numbers. Hostesses for the afternoon included past State presidents Mrs. Thomas J. Clark, Mrs. Hobart Rogers, and Mrs. William Henry Sargent.

Captain Samuel Ross of the Fresno Air Base was guest speaker at the December meeting of the Fresno County Medical Auxiliary, held at the University-Sequoia Club.

On Tuesday, January 5, the group met to discuss the part which doctors' wives might play in the defense program. It was decided that a complete file of the qualifications of members and a call list be kept. The organization of first aid and nutrition classes, child care, motor corps and canteen work was discussed. During the evening, entertainment was furnished by a chorus made up of members of the evening adult education classes of Fresno High School.

Tentative plans to raise funds for Red Cross War Relief were considered at an evening meeting of the Humboldt Medical Auxiliary held at the home of Mrs. Joseph M. Brown. The president, Mrs. Allan R. Watson, presided. Mrs. H. W. Comfort of Fortuna gave an interesting résumé of a country-wide trailer trip she had made recently.

The regular meeting of the Los Angeles Auxiliary which was scheduled for December 30 was cancelled.

Sixty-eight members of the San Diego County group attended the luncheon at which Mrs. Harry O. Hund, State President, was the honored guest. Mrs. E. H. Christopherson presided. Mrs. E. H. Kelly, treasurer, reported that \$194 had been raised at the annual bridge benefit, which took place on November 7, at the Thursday Club House.

Following Mrs. Hund's address, Mrs. Fraser McPherson read the humorous play, "George Washington Slept Here." An invitation was extended to all to attend a tea, honoring Mrs. Hund, at the home of Mrs. F. G. Lindemulder.

† Reports of county chairmen of publicity should reach Mrs. Rossner Graham, Assistant Chairman of Publicity, 6101 Acacia, Oakland, by the tenth of the month previous to publication. Address of the Chairman of Publicity: Mrs. Rene Van de Carr, 51 Prospect Road, Piedmont. For roster of state and county officers, see page 6, in front advertising section.

CALIFORNIA PHYSICIANS' SERVICE†

Beneficiary Membership

September, 1939	1,220
March, 1940	9,322
September, 1940	17,398
March, 1941	24,107
September, 1941	30,215
December 31, 1941.....	41,295

California Physicians' Service publishes a Monthly Report to Secretaries of County Medical Societies in which the recorded experience of the plan is reviewed and analyzed. Allowing time for monthly experience to be complete with all claims in and paid, and for a careful breakdown of the figures to be compiled and studied, means that such reports will reach the profession about six months after the reportable period has passed.

Reports for April, May and June, 1941 reviewed fourteen months' experience with respect to amounts spent for medical, surgical, x-ray and laboratory services. It was demonstrated that while there may be considerable variation from month to month by seasons, nevertheless C. P. S. is beginning to establish a pattern of its own. It is the true expression of 5,400 physicians who have treated many thousands of patients, and represents a picture of California Medicine at work under the free-choice system.

There have been no administrative restrictions placed upon the individual physician as to how and what he should do for any patient. This free expression, then, becomes a valuable piece of information as to the standards that should be expected in a medical care program under the American system of practice.

The July report presented a study of the number of office, home and hospital visits made by patients and doctors, in the belief that the volume of calls made in any one month is another of the fundamental factors in a medical care program. In a medical program the visit base-line must be watched closely for sudden changes from month to month, and also for slow trends upward or downward from year to year.

Many factors contribute to changes in this base-line. There is marked difference between rural, urban and metropolitan practice; there is a difference between the practical and academic approach to the problems of a patient; there is a difference between the general practitioner and the specialist. All of these differences are to be expected but certain abnormal deviations will bear study by the medical profession.

The July report is concerned with the overall visit base-line which is one lead as to how C. P. S. is working. Figures show the usual winter and summer differences; high in winter and low in summer, but there seems to be a slight increase in the number of visits in 1941 over 1940. Whether this is significant or not is not known at this time. However, if a steady increase continues, even though it may seem to be relatively small, the cost of the program can be greatly influenced.

One example to illustrate this point. In July, 1940, C. P. S. had approximately 15,000 members, with an index figure of 362 visits per thousand cases. In July,

1941, with 28,000 members, the index figure was 460 visits per thousand. This represents 2,744 visits, or an increase of \$5,500 in expected cost.

C. P. S. is aware that there are other factors beside visits which influence cost, such as incidence of illness, cost per patient, etc. However, the visit curve seems to follow these very closely, so it may be said that it is a reliable figure to watch.

Other studies of a similar nature are being made currently and will be reported to the profession from time to time.

Health Service Described

How doctors and hospitals are offering a health service through a plan by which members pay fixed monthly fees was described at the Lions Club at their weekly meeting Tuesday by Robert E. Burrill, field representative of the Associated Hospital Service of Southern California and the California Physicians' Service.

The plan is in two parts: hospital service and medical service. Membership is open to employed groups totaling five or more provided a certain percentage participates.

Because medical fees have always varied with the circumstances of the patient, Mr. Burrill said, only those whose annual family income is \$3,000 or less are eligible for medical and surgical service.

There is no income limitation for hospital service as hospital charges are uniform regardless of the patients' circumstances.

The medical phase of the plan was started in southern California in 1938 with Dr. Ray Lyman Wilbur as prime mover. It is sponsored by the California Medical Association, unit of the American Medical Association. It has more than 5,300 doctor members throughout the state, and members have free choice of any of the member physicians and specialists. Members consult the doctor of their choice and the patient pays the bill. Membership for medical and surgical service only is \$1.20 a month for males; \$1.50 a month for females.

Membership in the hospital service provides twenty-one days of hospital care per year for each illness or accident. Cost of hospital service membership is 90 cents a month. The combined services cost male employees \$2.00 a month and females \$2.30.

Mr. Burrill was introduced by Dr. Vincent Wagner, program chairman of the day. . . . —La Verne Leader, January 9.

Japanese in California

The United States Bureau of the Census has announced that California, in 1940, had 93,717 Japanese within its borders. This represents 73.8 per cent of the total Japanese in the United States. Of these, 33,569 were alien Japanese who constituted 71.0 per cent of the total alien Japanese in the United States.

California counties with the largest numbers of Japanese residents are:

County	Total Japanese	Alien Japanese
Los Angeles	36,866	13,391
Sacramento	6,764	2,275
San Francisco	5,280	2,276
Alameda	5,167	1,785
Fresno	4,527	1,508
San Joaquin	4,484	1,725
Santa Clara	4,049	1,220

Japanese in California Cities

The following table gives the Japanese population by nativity in certain California cities in 1940.

	Total Japanese	Japanese born in the United States or its territories or possessions 1940 (Citizens)	Foreign-born Japanese 1940 (Aliens)
Los Angeles	23,321	14,595	8,726
San Francisco	5,280	3,004	2,276
Sacramento	2,879	1,905	974
Oakland	1,790	1,135	655
Berkeley	1,319	859	460
Stockton	1,259	772	487
Torrance	1,189	781	408
San Diego	828	501	327
Fresno	797	517	280
Pasadena	795	480	315
Alameda	700	454	246
Long Beach	696	452	244
Belvedere Twp.	605	391	214
(Los Angeles)			
Gardena	509	350	159

† Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161. A. E. Larsen, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.